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## **300.2 Purpose**

The Division of Child and Family Services' Out-of-Home Care Program provides short-term, culturally responsive services for a child and family when the child cannot be safely maintained at home. The program is available statewide.

### **300.3      Philosophy**

Out-of-home care will be used only when there is no other alternative to provide for a child's well-being and safety from abuse, neglect, or dependency. Out-of-home care provides a child an environment where physical, emotional, medical, dental, developmental, educational, cultural, and mental health needs are assessed and addressed. Child and Family Services will diligently work to maintain familial connections through visitation and shared activities while a child is in out-of-home care, when appropriate. The parent of a child in out-of-home care is also afforded an opportunity to build on family strengths and learn essential skills to provide a safe, nurturing environment to which the child may return. Out-of-home care major objectives have been developed in accordance with federal and state laws including required time frames that reduce the amount of time a child spends in care and provisions for an appropriate, permanent home or other permanency option that is in the best interests of the child.

## **300.4 Division And Caseworker Expectations**

### Division and Caseworker Expectations

- A. Facilitate a thorough functional assessment that defines the child and family's strengths and needs and provides the framework from which to access appropriate services. Evaluate progress toward goals and adjust plans and interventions accordingly.
- B. Identify an out-of-home care caregiver, possibly kin, who will meet the child's needs and, together with the child's parents, design a transitional plan to optimize the child's adjustment and maintain familial connections through visitation and shared activities.
- C. Engage and facilitate a child and family team to support the child and family including the out-of-home care caregiver and familial or community resources.
- D. Develop a concurrent child and family plan at the time of entry into care, using the strengths and needs of the family to guide the services offered and the goals of permanency to be achieved.

## **301. Preparation For Placement In Out-Of-Home Care**

### **301.1 Engaging, Teaming, And Assessing**

#### Major objectives:

The caseworker will engage the child and family to develop positive working relationships, partner with the child and family to create a child and family team, and work with the child and family team to assess strengths and needs of the child and family.

### **Summary of the Law**

[See: Administrative Rule [R512-300](#) that follows the Out-of-Home Practice Guidelines.]

#### Practice Guidelines

- A. When a child is ordered into Child and Family Services custody during a shelter hearing, a caseworker will be assigned within five working days of removal.  
[Refer to [Section 700](#), General Practice Guidelines--Section 704, Shelter Major objectives.]
- B. If a child is ordered into Child and Family Services custody without a shelter hearing, a caseworker will be assigned no later than two working days after the date of the court order.-
- C. Initiate and update the functional assessment of the child and family within 45 days of removal.
  1. To begin assessment of needs, engage the child's family, identify permanency planning options, begin planning for placement and visitation, and establish the child and family team. Engage the child in a manner consistent with the child's developmental level to address concerns, explain the system process and the caseworker's role, and begin to discuss with the child issues of separation and loss.
  2. To gather information, the use of genograms, ecomaps, timelines, and other assessment tools is recommended.
  3. The type of assessment will be determined by the unique needs of the child and family, such as cultural considerations, special medical or mental health needs, and permanency goals.

- 
- 164 D. Identify key child and family team members. Hold the initial child and family  
165 team meeting, continue building upon the functional assessment, and plan for  
166 subsequent meetings and planning sessions.
- 167 1. Assist the family in identifying informal and formal supports that may be  
168 part of the child and family team.
  - 169 2. Contact the Assistant Attorney General and Guardian ad Litem to provide  
170 information and involve these partners in any planning that affects the  
171 interests of the child.
  - 172 3. Fully disclose information gathered as part of the assessment with the  
173 child and family team.  
174
- 175 E. Assessment is ongoing and service goals and plans are modified when indicated  
176 by changing needs, circumstances, progress toward achievement of service goals,  
177 or the wishes of the child, family, or child and family team members.
- 178 1. Continue to engage the child and family to gather all pertinent health,  
179 social, educational, psychological, and cultural (religion, significant  
180 others, daily schedule, and history) information and other specifics  
181 needed to thoroughly assess the child and family's strengths and needs.
  - 182 2. Identify each child who is of American Indian decent. When this  
183 determination is made, refer to [Section 705](#), ICWA Major objectives,  
184 General Section, and follow all requirements. Also, if the child is a  
185 member of Navajo Nation or Ute Tribe, comply with the  
186 intergovernmental agreements that the state of Utah has with these Tribes.
  - 187 3. Determine if the child is a United States citizen or qualified alien. [See:  
188 [Section 303.10](#), Children in Foster Care Who Are Not U.S. Citizens.]  
189
- 190 F. Complete the application and provide necessary supporting documentation for  
191 Title IVE and Medicaid eligibility determination. [See: [Section 303.9](#), Federal  
192 Benefits And Eligibility.]  
193
- 194 G. If the child is receiving SSI or SSA payments, apply to manage the benefits as the  
195 payee. If the child has a disability but is not receiving SSI, apply for benefits. If  
196 the child has a deceased parent and is not receiving SSA survivor benefits, apply  
197 for benefits, if eligible. [See: [Section 303.9](#), Federal Benefits And Eligibility.]  
198
- 199 H. Begin collecting information to be included in the Child's Placement Information  
200 Record (Home-to-Home Record). [See: [Section 303.3](#), Maintaining The Home-To-  
201 Home Book.]  
202



- 203 I. At any time, the child's family or other team members may request a child and  
204 family team meeting to discuss concerns, changes to the child and family plan,  
205 visitation, or the need for clinical interventions or conflict resolution.  
206

## 301.2 Identifying Permanency Goals

### Major objectives:

A child in out-of-home care shall have two permanency goals identified by the child and family team and submitted to the court for approval. Concurrent goals shall include return home unless the court has authorized in accordance to state statute that no reunification efforts will be offered.

### Permanency goals include:

1. Return Home.
2. Adoption.
3. Custody and Guardianship.
4. Independent Living.
5. Individualized Permanency.

## Summary of the Law

### **78-3a-311. Dispositional hearing -- Reunification services -- Exceptions.**

(1) The court may make any of the dispositions described in Section 78-3a-118, place the child in the custody or guardianship of any individual or public or private entity or agency, order protective supervision, family preservation, medical or mental health treatment, or other services.

(2) (a) (i) Whenever the court orders continued removal at the dispositional hearing, and that the minor remain in the custody of the Division of Child and Family Services, it shall first establish a primary **permanency goal** for the minor and determine whether, in view of the primary **permanency goal**, reunification services are appropriate for the child and the child's family, pursuant to Subsection (3).

(ii) When the court determines that reunification services are appropriate for the child and the child's family, the court shall provide for reasonable parent-time with the parent or parents from whose custody the child was removed, unless parent-time is not in the best interest of the child.

(iii) In cases where obvious sexual abuse, abandonment, or serious physical abuse or neglect are involved, neither the division nor the court has any duty to make "reasonable efforts" or to, in any other way, attempt to provide reunification services, or to attempt to rehabilitate the offending parent or parents. In all cases, the child's health, safety, and welfare shall be the court's paramount concern in determining whether reasonable efforts to reunify should be made.

(b) (i) In addition to the primary **permanency goal**, the court shall establish a concurrent **permanency goal**. The concurrent **permanency goal** shall include a representative list of the conditions under which the primary **permanency goal** will be

abandoned in favor of the concurrent **permanency goal** and an explanation of the effect of abandoning or modifying the primary **permanency goal**.

(ii) A **permanency** hearing shall be conducted in accordance with Subsection 78-3a-312(1)(b) within 30 days if something other than reunification is initially established as a child's primary **permanency goal**.

(iii) The court may amend a child's primary **permanency goal** before the establishment of a final **permanency** plan under Section 78-3a-312. The court is not limited to the terms of the concurrent **permanency goal** in the event that the primary **permanency goal** is abandoned. If, at anytime, the court determines that reunification is no longer a child's primary **permanency goal**, the court shall conduct a **permanency** hearing in accordance with Section 78-3a-312 within the earlier of 30 days of the court's determination or 12 months from the original removal of the child.

(c) (i) If the court determines that reunification services are appropriate, it shall order that the division make reasonable efforts to provide services to the child and the child's parent for the purpose of facilitating reunification of the family, for a specified period of time. In providing those services, the child's health, safety, and welfare shall be the division's paramount concern, and the court shall so order.

(ii) The court shall determine whether the services offered or provided by the division under the treatment plan constitute "reasonable efforts" on the part of the division. The court shall also determine and define the responsibilities of the parent under the treatment plan. Those duties and responsibilities shall be identified on the record, for the purpose of assisting in any future determination regarding the provision of reasonable efforts, in accordance with state and federal law.

(iii) The time period for reunification services may not exceed 12 months from the date that the child was initially removed from the child's home. Nothing in this section may be construed to entitle any parent to an entire 12 months of reunification services.

(iv) If reunification services have been ordered, the court may terminate those services at any time.

(v) If, at any time, continuation of reasonable efforts to reunify a child is determined to be inconsistent with the final **permanency** plan for the child established pursuant to Subsection 78-3a-312, then measures shall be taken, in a timely manner, to place the child in accordance with the **permanency** plan, and to complete whatever steps are necessary to finalize the permanent placement of the child.

(d) Any physical custody of the minor by the parent or a relative during the period described in Subsection (2)(c) does not interrupt the running of the period.

(e) (i) If reunification services have been ordered, a **permanency** hearing shall be conducted by the court in accordance with Section 78-3a-312 at the expiration of the time period for reunification services. The **permanency** hearing shall be held no later than 12 months after the original removal of the child.

(ii) If reunification services have not been ordered, a **permanency** hearing shall be conducted within 30 days, in accordance with Section 78-3a-312.

(f) With regard to a child who is 36 months of age or younger at the time the child is initially removed from the home, the court shall:

(i) hold a **permanency** hearing eight months after the date of the initial removal, pursuant to Section 78-3a-312; and

(ii) order the discontinuance of those services after eight months from the initial removal of the child from the home if the parent or parents have not made substantial efforts to comply with the treatment plan.

(g) With regard to a child in the custody of the division whose parent or parents have been ordered to receive reunification services but who have abandoned that child for a period of six months since the date that reunification services were ordered, the court shall terminate reunification services, and the division shall petition the court for termination of parental rights.

(3) (a) Because of the state's interest in and responsibility to protect and provide **permanency** for children who are abused, neglected, or dependent, the Legislature finds that a parent's interest in receiving reunification services is limited. The court may determine that efforts to reunify a child with the child's family are not reasonable or appropriate, based on the individual circumstances, and that reunification services should not be provided. In determining "reasonable efforts" to be made with respect to a child, and in making "reasonable efforts," the child's health, safety, and welfare shall be the paramount concern.

(b) There is a presumption that reunification services should not be provided to a parent if the court finds, by clear and convincing evidence, that any of the following circumstances exist:

(i) the whereabouts of the parents are unknown, based upon a verified affidavit indicating that a reasonably diligent search has failed to locate the parent;

(ii) the parent is suffering from a mental illness of such magnitude that it renders him incapable of utilizing reunification services; that finding shall be based on competent evidence from mental health professionals establishing that, even with the provision of services, the parent is unlikely to be capable of adequately caring for the child within 12 months;

(iii) the minor has been previously adjudicated as an abused child due to physical or sexual abuse, that following the adjudication the child was removed from the custody of his parent, was subsequently returned to the custody of that parent, and the minor is being removed due to additional physical or sexual abuse;

(iv) the parent has caused the death of another child through abuse or neglect or has committed, aided, abetted, attempted, conspired, or solicited to commit murder or manslaughter of a child or child abuse homicide;

(v) the minor has suffered severe abuse by the parent or by any person known by the parent, if the parent knew or reasonably should have known that the person was abusing the minor;

(vi) the minor has been adjudicated an abused child as a result of severe abuse by the parent, and the court finds that it would not benefit the child to pursue reunification services with the offending parent;

(vii) the parent's rights have been terminated with regard to any other child;

(viii) the child has been removed from his home on at least two previous occasions and reunification services were offered or provided to the family at those times; or

(ix) the parent has abandoned the child for a period of six months or longer; or

(x) any other circumstance that the court determines should preclude reunification efforts or services.

(4) (a) Failure of the parent to respond to previous services or comply with any previous treatment plan, the fact that the child was abused while the parent was under the influence of drugs or alcohol, a past history of violent behavior, whether a parent continues to live with an individual who abused the child, any patterns of the parent's behavior that have exposed the child to repeated abuse, or testimony by a competent professional that the parent's behavior is unlikely to be successful, shall be considered in determining whether reunification services are appropriate.

(b) The court shall also consider whether the parent has expressed an interest in reunification with the child, in determining whether reunification services are appropriate.

(5) If reunification services are not ordered pursuant to Subsection (3)(a), and the whereabouts of a parent become known within six months of the out-of-home placement of the minor, the court may order the division to provide reunification services. The time limits described in Subsection (2), however, are not tolled by the parent's absence.

(6) If a parent is incarcerated or institutionalized, the court shall order reasonable services unless it determines that those services would be detrimental to the minor. In determining detriment, the court shall consider the age of the child, the degree of parent-child bonding, the length of the sentence, the nature of the treatment, the nature of the crime or illness, the degree of detriment to the child if services are not offered and, for minors ten years of age or older, the minor's attitude toward the implementation of family reunification services, and any other appropriate factors. Reunification services for an incarcerated parent are subject to the 12-month limitation imposed in Subsection (2). Reunification services for an institutionalized parent are subject to the 12-month limitation imposed in Subsection (2), unless the court determines that continued reunification services would be in the child's best interest.

(7) If, pursuant to Subsection (3)(b)(ii), (iii), (iv), (v), (vi), (vii), (viii), (ix), or (x), the

court does not order reunification services, a **permanency** hearing shall be conducted within 30 days, in accordance with Section 78-3a-312.

#### Practice Guidelines

A. Return Home. The following criteria will be used by the child and family team in determining whether to make a recommendation to the court for reunification services:

1. The risk factors that led to the placement were acute rather than chronic.
2. The family assessments (including factors such as the initial risk assessment, level of informal and formal supports available to the family, and the family history including past patterns of behavior) conclude that the parent appears to possess or have the potential to develop the ability to ensure the child's safety and provide a nurturing environment.
3. The parent is committed to the child and indicates a desire to have the child returned home.
4. The child has a desire for reunification and is determined using age appropriate assessments.
5. Members of the child and family team support a reunification plan.
6. If the parent is no longer living with the individual who severely abused the minor, reunification may be considered if the parent is able to implement a plan that ensures the child's ongoing safety.
7. Court requirements for ordering reasonable services to reunify if the parent is incarcerated or institutionalized. [See: Utah Code Ann. [§78-3a-311\(6\)](#).] The court is required by law to order reunification services to an incarcerated or institutionalized parent unless it determines that those services would be detrimental to the minor. In determining detriment, the court must consider the following:
  - a. The age of the child;
  - b. The degree of parent-child bonding;
  - c. The length of the sentence;
  - d. The nature of the treatment;
  - e. The nature of the crime or illness;
  - f. The degree of detriment to the minor if services are not offered;
  - g. For minors 10 years of age and older, the child's attitude towards reunification services and any other appropriate factors.
8. Additional information from Child and Family Services to the court: Child and Family Services will provide additional relevant facts, when available, to assist the court in making a determination regarding the appropriateness of reunification services such as:
  - a. The parent's failure to respond to previous services or service plan;

- 
- 406                   b.     The child being abused while the parent was under the influence of  
407                         drugs or alcohol;  
408                   c.     Continuation of a chaotic, dysfunctional lifestyle;  
409                   d.     The parent's past history of violent behavior;  
410                   e.     The testimony of a competent professional (expert witness) that the  
411                         parent's behavior is unlikely to be successfully changed.
- 412           9.     Determination by the court that no reunification services will be provided.  
413                 If the court does not order reunification services, a permanency hearing  
414                 will be conducted within 30 days of the dispositional hearing. At that  
415                 hearing, an alternative permanency plan will be presented to the court.
- 416                 a.     If reunification services are not ordered, and the whereabouts of a  
417                         parent becomes known within six months of the out-of-home  
418                         placement of the minor, the court may order Child and Family  
419                         Services to provide reunification services. Statutory time frames for  
420                         reunification still apply. [See: Utah Code Ann. [§78-3a-312\(2\)](#).] If the  
421                         child is under the age of 36 months at the time of removal,  
422                         reunification services are limited to eight months. If the child is 36  
423                         months of age or older, reunification services may be granted for 12  
424                         months, with a possible extension of three months, if objectives that  
425                         can be achieved in the time frame are not sacrificed by the parent's  
426                         absence.
- 427                 b.     When reunification efforts have ceased or are not appropriate, a  
428                         primary permanency goal of adoption, custody and guardianship,  
429                         independent living, or individualized permanency may be selected.
- 430           10.    Termination of Reunification Services: The court may determine that  
431                    efforts to reunify a child with the child's family are not reasonable, based  
432                    on individual circumstances, and that reunification services need not be  
433                    provided to a parent or other caregiver. [See: Utah Code Ann. [§78-3a-](#)  
434                    [311\(3-4\)](#).] The following criteria will be used by the child and family team  
435                    in determining whether to make a recommendation to the court for  
436                    reunification services:
- 437                    a.     The parent's whereabouts are unknown, based on a verified  
438                         affidavit indicating a reasonable diligent search has failed to locate  
439                         the parent.
- 440                    b.     The parent is suffering from a mental illness of such magnitude  
441                         that it renders the parent incapable of utilizing services provided  
442                         by Child and Family Services. This will be assessed by a licensed  
443                         mental health professional.
- 444                    c.     The minor has been previously adjudicated as an abused child due  
445                         to physical or sexual abuse, and that following the adjudication, the

child was removed from the custody of his parent, was subsequently returned home to the custody of that parent, and the minor is being removed due to additional physical or sexual abuse.

- d. The parent has been convicted of causing the death of another child through neglect or abuse.
- e. The minor child is under the age of five and has suffered severe abuse by the parent or by persons known by the parent, if the parent knew or reasonably should have known that the person was abusing the minor.
- f. The minor has been adjudicated an abused child as a result of severe abuse by the parent, and the court finds that it would not be beneficial to the child to pursue reunification services with the offending parent or caregiver.
- g. The child has been removed from home on at least two previous occasions and reunification services were offered or provided to the family at those times. It is a presumption under the law that reunification services are not appropriate and should not be ordered under these circumstances. In these cases, a permanency goal/plan other than reunification will be pursued.
- h. Any other circumstances that the court determines should preclude reunification efforts or services.

B. Adoption. Adoption is the preferred goal for the majority of children who will not be returning home. Placing siblings together is a priority. When making an adoption plan for a child, kin are given preference according to Kinship Major objectives. If kin are not available, out-of-home caregivers who have established a significant emotional bond with the child may next be considered as a potential adoptive placement. The determination to pursue adoption may be made:

1. Initially when the goal of return home has been explored, assessed, and determined by the court to be inappropriate.
2. Within required time frames, reasonable efforts have been made to provide supportive services to the child's family without success. (A petition to terminate parental rights may or may not have been filed at this point.)
3. When the biological family requests and voluntarily makes an adoption plan for their child.
4. When parental rights have been terminated and the child is under age 12 years of age, or the youth, age 12 years or older, has expressed interest in being adopted.



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C. Custody and Guardianship.

1. Guardianship involves the legal assumption of authority for another individual to consent to marriage, to enlist in the armed forces, and to consent to major medical, surgical, or psychiatric treatment; the right to physical custody that involves the duty to provide food, clothing, shelter, education, and ordinary medical care; the right to determine where and with whom they will live; and the right, in an emergency, to authorize surgery or other extraordinary care.
2. If, after thorough exploration, return home and adoption are determined to be inappropriate or not in the child's best interest, guardianship may be explored. This option is available for:
  - a. An older adolescent youth for whom adoption has been explored, but the youth is unwilling to be adopted;
  - b. A child with extreme behavioral or medical needs that could financially devastate an adoptive family;
  - c. A situation in which cultural factors make the adoption option less viable.
3. The following options are available under this permanency goal:
  - a. Guardianship is given to the out-of-home caregiver or relative with Child and Family Services maintaining custody of the child. This option, which may be accompanied with a guardianship subsidy, is limited to children and youth with extreme behavioral or medical needs. All out-of-home program requirements must continue to be met when Child and Family Services retains custody of the child.
  - b. Custody and guardianship are given to the out-of-home caregiver or a relative. This may involve the relative receiving a specified relative grant (through the Department of Workforce Services) or receiving a guardianship subsidy to help them provide for the needs of the child.
    - i. Full disclosure: The caseworker must notify the caregiver that if the caregiver is given guardianship and later decides to adopt, the potential for federal adoption assistance is lost. State-funded adoption assistance may be available, if funded by the legislature. This could also impact the availability of Medicaid if the family moves out of state.

D. Independent Living. Independence as a permanency goal is appropriate primarily for:

1. The older adolescent, generally ages 16 to 18 years, who has demonstrated the ability for personal responsibility. [See: [Section 303.7](#), Independent Living.]
2. Cannot be returned home or refuses to return home and, after careful exploration, the youth does not desire adoption or guardianship.
3. The youth has a reasonable expectation of being able to provide for themselves with housing and an adequate income.
4. The youth has been or will be enrolled in an independent living program designed to develop skills necessary to achieve independence.
5. The youth's child and family team has determined that transitional living is in the best interest of the youth.

- E. Individualized Permanency. After considering reunification, adoption, legal guardianship, or placement with a fit and willing relative, the permanent plan for the child is placement in another planned permanent living arrangement, Child and Family Services must document to the court the compelling reason for the alternate plan [45 CFR 1356.21(h)(3)]. The placement must be carefully evaluated on a regular basis. When a planned long-term living arrangement is the plan of choice for the child, these additional requirements must be met:
1. Alternatives to this long-term care goal have been thoroughly explored and continue to be explored after the decision is made.
  2. The child's out-of-home caregiver receives additional training and support from workers and resource family consultants to enhance their ability to care for the special needs of the child placed in an individualized permanency placement.
  3. The child and family team determines the frequency of contact between workers, the child, and the out-of-home caregiver based on their needs.
  4. Regular contact is maintained with the child's family to inform and involve the family in decisions about their child where feasible and to be aware of changes in the family situation that might indicate a need to re-evaluate the choice of a planned alternative living arrangement.

### 301.3 Placement Requirements

#### Major objectives:

To provide safety and maintain family ties, the child will be placed in the least restrictive/most family-like placement that meets the child's special needs, according to the following priorities:

- A. Placement with non-custodial parent.
- B. Placement with siblings.
- C. Placement with kin or extended family who are invested in preserving the child's kinship ties.
- D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification.
  1. "Reasonable proximity" includes placing the child within the neighborhood of the family home so that family contact, continued school placement, church involvement, and friendships may be maintained.
  2. Any placement beyond school district or county lines must be discussed with the child and family team.
  3. If a placement in close proximity was not selected, document in the child and family plan reasons why the chosen placement is in the best interests of the child.

#### **Summary of the Law**

##### **73-3a-307(5)(a)(b)(c) (5) (a) Placement with non-custodial parents or relative**

If, at the time of the shelter hearing, a child is removed from the custody of his parent and is not placed in the custody of his other parent, the court shall, at that time, determine whether there is a relative who is able and willing to care for the child. The court may order the Division of Child and Family Services to conduct a reasonable search to determine whether there are relatives of the child who are willing and appropriate, in accordance with the requirements of this part and Title 62A, Chapter 4a, Part 2, Child Welfare Services, for placement of the child. The court shall order the parents to cooperate with the division, within five working days, to provide information regarding relatives who may be able and willing to care for the child. The child may be placed in the temporary custody of the division pending that determination. This section may not be construed as a guarantee that an identified relative will receive custody of the child. However, preferential consideration may be given to a relative's request for placement of the child, if it is in the best interest of the child, and the provisions of this section are satisfied. (b) (i) If a willing relative is identified pursuant to Subsection (5)(a), the court shall make a specific finding

regarding the fitness of that relative to assume custody, and the safety and appropriateness of placement with that relative. In order to be considered a "willing relative" under this section, the relative shall be willing to cooperate if the child's permanency goal is reunification with his parent or parents, and be willing to adopt or take permanent custody of the child if that is determined to be in the best interest of the child.

(ii) The court shall, at a minimum, order the division to conduct criminal background checks described in Sections 78-3a-307.1 and 62A-4a-202.4, visit the relative's home, check the division's management information system for any previous reports of abuse or neglect regarding the relative at issue, report its findings in writing to the court, and provide sufficient information so that the court may determine whether:

(A) the relative has any history of abusive or neglectful behavior toward other children that may indicate or present a danger to this child;

(B) the child is comfortable with the relative;

(C) the relative recognizes the parent's history of abuse and is determined to protect the child;

#### **78-3a-307.1. Criminal background checks necessary prior to out-of-home placement.**

(1) Upon ordering removal of a child from the custody of his parent and placing that child in the custody of the Division of Child and Family Services, and prior to the division's placement of that child in out-of-home care, the court shall require the completion of a background check by the Utah Bureau of Criminal Identification regarding the proposed placement.

(2) (a) The Division of Child and Family Services and the Office of the Guardian ad Litem Director may request, or the court upon its own motion may order, the Department of Public Safety to conduct a complete Federal Bureau of Investigation criminal background check through the national criminal history system (NCIC).

(b) Upon request by the Division of Child and Family Services or the Office of the Guardian ad Litem Director, or upon the court's order, persons subject to the requirements of Subsection (1) shall submit fingerprints and shall be subject to an FBI fingerprint background check. The child may be temporarily placed, pending the outcome of that background check.

(c) The cost of those investigations shall be borne by whoever is to receive placement of the child, except that the Division of Child and Family Services may pay all or part of the cost of those investigations if the person with whom the child is to be placed is unable to pay.

#### Practice Guidelines

A. Every effort is made for the "first placement to be the best placement."

- 635 B. Kinship options are explored at the onset of the out-of-home intervention. [See:  
636 Kinship Major objectives, [Section 500](#).]
- 637 C. Decisions about where a child is placed will be made in the context of a child and  
638 family team and will include steps to facilitate the child's transition to that  
639 placement.
- 640 D. When assistance is needed in locating a placement, contact the local resource  
641 family consultant, the shelter placement screening committee, or the residential  
642 screening committee to explore placement options.
- 643 E. For an American Indian child for placement preferences, refer to [Section 705](#),  
644 ICWA Major objectives.
- 645 F. For children needing or in an out-of-state placement, refer to [Section 700](#), General  
646 Practice Guidelines--Section 703, Interstate Compact On The Placement Of  
647 Children Major objectives.
- 648 G. For children who are currently in a shelter placement, refer to [Section 700](#),  
649 General Practice Guidelines--Section 704, Shelter Major objectives.
- 650 H. For parents requesting a voluntary placement for their child, refer to [Section 700](#),  
651 General Practice Guidelines--Section 704.2, Voluntary Placement Major  
652 objectives.
- 653 I. For information on emergency foster care placements, refer to [Section 700](#),  
654 General Practice Guidelines--Section 704.4, Emergency Foster Care Placement  
655 Major objectives.
- 656 J. Based on the level of care needed (i.e., basic, specialized, structured, or other),  
657 refer to [Section 301.6](#), Basic, Specialized, And Structured Out-Of-Home Care  
658 Placement Options.
- 659 K. For children under the age of five years, screen for placement in a foster-adoptive  
660 home, refer to [Section 301.5](#), Foster-Adoptive Placements.
- 661 L. For children with more intensive needs than a family setting can provide, screen  
662 for residential services. Each region will establish and maintain a utilization  
663 review committee that consists of the contract specialist for the region, an  
664 administrative representative, a clinical consultant, a budget specialist, and a  
665 placement expert. Other members may be added to the committee at the  
666 discretion of the region. [See: [Section 301.13](#), Regional Screening Committee For  
667 Residential Care.]  
668

## 301.4 Selecting An Out-Of-Home Caregiver

### Major objectives:

When choosing an out-of-home caregiver, the worker will provide all necessary information about the child's permanency plan, family visitation plans, and needs such as medical, educational, mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed decision about acceptance of caring for the child. In addition, all of the following will apply:

- A. An out-of-home caregiver will be selected according to the caregiver's skills and abilities to meet a child's individual needs and, when appropriate, an ability to support both reunification efforts and consider serving as a permanent home for the child if reunification is not achieved.
- B. Each placement will be staffed and will be made in accordance with placement requirements.
- C. A child in Child and Family Services custody will be placed with an out-of-home caregiver who is fully licensed. A child may be placed in a home that is conditionally licensed only if the out-of-home caregiver is a kinship placement.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Prior to placement, the out-of-home caregiver should be provided information about the child's needs from either the regional resource family consultant or out-of-home worker so they can make an informed decision as to if they can care for the child.
- B. The out-of-home caregiver will be selected based on willingness and ability to implement the child's primary and concurrent plans, which may include willingness and ability to adopt or take guardianship of the child if reunification is not possible.
- C. The out-of-home caregiver must be willing and able to interact with the child's family and assist the child in maintaining and strengthening family connections.
- D. The out-of-home caregivers will be matched based on their willingness and ability to respect and support the child's religious and cultural practices and, where practical, appropriate, and where no denial or delay of placement will occur, are of the same religious faith and cultural background as the child.
- E. The child will be placed with an out-of-home caregiver sensitive to the child's cultural heritage and linguistic needs. At least one out-of-home caregiver in the

- 709 home must demonstrate effective communication in the language of the child  
710 placed in care.
- 711 F. The out-of-home caregivers must be willing or able to learn to proactively  
712 respond to challenges and conflicts associated with placement.
- 713 G. When a child re-enters the temporary custody of Child and Family Services and  
714 is to be placed in out-of-home care, the child's former out-of-home caregivers  
715 shall be notified immediately. The out-of-home caregivers will be given  
716 preference for placement of the child if willing and able to safely and  
717 appropriately care for the child. [See: Utah Code Ann. [§62A-4a-206.1](#).]  
718

## 301.5 Foster-Adoptive Placements

### Major objectives:

A child will be screened for a foster-adoptive placement to achieve permanency in a timely manner.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

A child is to be screened for foster-adoptive placement within 14 days of removal or at the next available placement screening committee meeting when the child is:

- A. Five years of age and under at the time of the removal.
- B. Over the age of five with siblings five years of age or under who are also in out-of-home care.
- C. Has a goal other than reunification due to one of the following reasons:
  1. The parent's whereabouts are unknown, based on a verified affidavit indicating a reasonable diligent search has failed to locate the parent.
  2. The parent is suffering from a mental illness of such magnitude that it renders them incapable of utilizing services provided by Child and Family Services as assessed by a licensed mental health professional.
  3. The minor has been previously adjudicated as an abused child due to physical or sexual abuse, and that following the adjudication, the child was removed from the custody of his or her parent, was subsequently returned home to the custody of that parent, and the minor is being removed due to additional physical or sexual abuse.
  4. The parent has been convicted of causing the death of another child through neglect or abuse.
  5. The minor child is under the age of five years and has suffered severe abuse by the parent or by persons known by the parent if the parent knew or reasonably should have known that the person was abusing the minor.
- D. Screening for the adoptive placement does not constitute a permanency decision.



## 301.6 Basic, Specialized, And Structured Out-Of-Home Care Placement Options

### Major objectives:

A child shall be placed in the type of placement consistent with the child's needs. The type of out-of-home placement for the child, either the initial placement or change in placement, shall be determined within the context of the child and family team.

Placement decisions shall be made based upon the needs, strengths, and best interests of the child according to the following criteria:

- A. Age, special needs, and circumstances of the child.
- B. Least restrictive placement consistent with child's needs.
- C. Placement of siblings together.
- D. Proximity to child's home and school.
- E. Sensitivity to cultural heritage and needs of minority children.
- F. Potential for adoption.

## Summary of the Law

No governing statute.

### Practice Guidelines

#### Types of Foster Care:

- A. Foster Care Level I (CFP): Foster Care Level I is for a child who may have mild to moderate medical or medically needy, psychological, emotional, or behavioral problems, who requires parental supervision and care. This will include children who in the past six months have had three or fewer of the following conditions with no level of severity that falls within Foster Care Level II and Foster Care Level III. Assessment for Foster Care Level I will occur within the context of the child and family team by utilizing the Levels of Care Placement Checklist.

Categories for the Levels of Care Placement Checklist include:

1. For a child ages 0 to 11 years:
  - a. Excessive crying;
  - b. Feeding problems;
  - c. Serious medical problems that requires monitoring weekly or less;
  - d. Aggressive, but low risk to injury, occurring no more often than every one to two weeks, monthly, or a few times a year;
  - e. Sex abuse victim;
  - f. Social conflict occurring no more often than several days a week, every one to two weeks, or monthly;
  - g. Other mental disorders that are somewhat inhibiting;

- 
- 794                   h.     Incontinence/bowel problems occurring no more often than every  
795                             one to two weeks or at bedtime;  
796                   i.     Truancy - school missed for two to three months,  
797                   j.     Curfew violation.  
798                   k.     Other mental disorders that are somewhat inhibiting.  
799           2.     For a child age 12+ years:  
800                   a.     Incontinence/bowel problems occurring no more often than every  
801                             one to two weeks or at bedtime;  
802                   b.     Serious medical problems that requires monitoring weekly or less;  
803                   c.     Aggressive, but low risk of injury occurring a few times a year;  
804                   d.     Sex abuse victim;  
805                   e.     Social conflict occurring no more often than several days a week,  
806                             every one to two weeks, or monthly;  
807                   f.     Curfew violation;  
808                   g.     Other mental disorders that are somewhat inhibiting.  
809           3.     Age ranges for payment levels for Foster Care Level I (CFP) placements:  
810                   a.     Ages 0 to 11 years;  
811                   b.     Ages 12+ years;  
812                   c.     When a youth is placed in an independent living placement, the  
813                             youth will receive the Foster Care Level I payment rate for the 12+  
814                             age range.  
815  
816   B.     Foster Care Level II (SFP): Foster Care Level II is for a child who may be  
817             physically disabled, developmentally delayed, medically needy or medically  
818             fragile, or have a serious emotional disorder (SED). This will include children  
819             who in the past six months have had four to six conditions listed above under  
820             Foster Care Level I and any condition with a level of severity that falls below for  
821             Foster Care Level II. Assessment for Foster Care Level II will occur within the  
822             context of the child and family team by utilizing the Levels of Care Placement  
823             Checklist. Categories for the Levels of Care Placement Checklist:  
824           1.     For a child age 0 to 11 years:  
825                   a.     Developmentally delayed;  
826                   b.     Failure to thrive;  
827                   c.     Fetal drug addiction/addicted or fetal alcohol syndrome;  
828                   d.     Moderate disability;  
829                   e.     Moderate genetic diseases;  
830                   f.     Serious medical problems that require daily/hourly monitoring;  
831                   g.     Shaken baby syndrome;

- 
- 832 h. Physical aggression causing superficial injury to self and others or  
833 physical aggression occurring several days a week, every one to  
834 two weeks, destruction to items in home, or cruelty to animals;  
835 i. Sexually reactive, or sex perpetrator;  
836 j. Social conflict daily, withdrawn;  
837 k. Day treatment, special education (DDMR), resource class;  
838 l. Gang member affiliation;  
839 m. Incontinence/bowel problems occurring as often as daily or several  
840 times a week;  
841 n. Serious medical problems that require hourly/daily monitoring or  
842 that are chronic;  
843 o. Learning disability, mild retardation;  
844 p. Substance abuse no more frequently than monthly, a few times a  
845 year, or alcohol/marijuana use;  
846 q. Suicidal ideation;  
847 r. Truancy with four or more months missed of school;  
848 s. Runaway behavior, stealing in the home;  
849 t. Eating disorders such as bingeing, purging, hoarding food, or  
850 overeating;  
851 u. Other mental disorders that are moderately inhibiting.  
852 2. For a child age 12+ years:  
853 a. Developmental delays;  
854 b. Gang member affiliation;  
855 c. Moderate genetic diseases;  
856 d. Moderate disability;  
857 e. Incontinence/bowel problems occurring as often as daily, several  
858 times a week, or during the daytime;  
859 f. Serious medical problems that require hourly/daily monitoring or  
860 that are chronic;  
861 g. Learning disability, mild retardation;  
862 h. Physical aggression with superficial injury caused, destruction to  
863 items, cruelty to animals;  
864 i. Sex perpetrator, sexually active/promiscuous, teenage pregnancy;  
865 j. Social conflict daily, withdrawn;  
866 k. Day treatment, special education (DDMR), resource class;  
867 l. Substance abuse no more frequently than monthly, a few times a  
868 year, or alcohol/marijuana use;  
869 m. Suicidal ideation;  
870 n. Truancy with two to three months missed of school;  
871 o. Runaway behavior, stealing in the home;

- 
- 872 p. Eating disorders such as bingeing, purging, hording food, or  
873 overeating;
- 874 q. Other mental disorders that are moderately inhibiting.
- 875 3. Age ranges for payment levels for Foster Care Level II (SFP) placements:
- 876 a. Ages 0 to 11 years;
- 877 b. Ages 12+ years.
- 878
- 879 C. Foster Care Level III (SFS): Foster Care Level III is for a child with severe  
880 behavioral problems that require intensive treatment services and constant  
881 supervision in a family living environment by a trained out-of-home care  
882 provider. A Foster Care Level III placement is a safe, time-limited crisis  
883 intervention phase to stabilize the behavior of a child ages eight to 18 years  
884 whose behavior could be improved through the use of the Behavioral  
885 Replacement Model. The Foster Care Level III phase should not exceed 12  
886 months and should be reviewed every six months for progress.
- 887 1. A child under the age of eight years will need to be screened by the  
888 Residential Screening Committee to determine if a Foster Care Level III  
889 placement is the most appropriate for meeting the child's needs. The  
890 Region Director is required to approve placing a child under the age of  
891 eight years in a Foster Care Level III placement.
- 892 2. Foster Care Level III is to eventually transition the child into a more  
893 permanent family setting such as returning the child home, adoption,  
894 custody and guardianship to kin or with current out-of-home caregivers,  
895 or independent living.
- 896 3. Foster Care Level III will include children who in the past six months have  
897 had seven or more of the conditions listed above under Foster Care Level I  
898 and Foster Care Level II, with most falling within Foster Care Level II, or  
899 three or more conditions that are listed below. Assessment for Foster Care  
900 Level III will occur within the context of the child and family team by  
901 utilizing the Levels of Care Placement Checklist. Categories for the Levels  
902 of Care Placement Checklist:
- 903 a. For a child age 0 to 11 years:
- 904 i. Severe disability;
- 905 ii. Severe genetic disease;
- 906 iii. Serious medical problem that is life threatening;
- 907 iv. Moderate or severe retardation;
- 908 v. High risk of serious injury to self or others, serious injury  
909 caused, physically aggressive several days a week;
- 910 vi. Physical violence;

- 
- 911                               vii.    Sexual perpetrator (multiple victims, predatory),  
912                               prostitution;  
913                               viii.   Substance abuse several days a week, every one to two  
914                               weeks, hard core drugs, inhalation of toxic substance;  
915                               ix.     Suicidal attempts, serious threats;  
916                               x.     Runaway behavior two or more times in the past six months;  
917                               xi.     Two or more disrupted placements in the past six months;  
918                               xii.    Transitioning from a residential facility;  
919                               xiii.   Other mental disorders that are severely inhibiting.  
920                               b.     For a child age 12+ years:  
921                               i.     Physical violence;  
922                               ii.    Gang member affiliation;  
923                               iii.   Severe genetic disease;  
924                               iv.   Severe disability;  
925                               v.     Serious medical problem that is life threatening;  
926                               vi.    Moderate retardation or severe retardation;  
927                               vii.   High risk of serious injury to self or others, serious injury  
928                               caused, physically aggressive either several days a week or  
929                               monthly;  
930                               viii.   Sexual perpetrator (multiple victims, predatory),  
931                               prostitution;  
932                               ix.     Substance abuse several days a week, every one to two  
933                               weeks, hard core drugs, inhalation of toxic substance;  
934                               x.     Truancy with four or more months missed of school;  
935                               xi.     Suicidal attempts, serious threats;  
936                               xii.   Runaway behavior two or more times in the past six months;  
937                               xiii.   Two or more disrupted placements in the past six months;  
938                               xiv.   Transitioning from a residential facility;  
939                               xv.   Other mental disorders that are severely inhibiting.  
940                               3.     Age ranges for payment levels for Foster Care Level III (SFS)  
941                               placements:  
942                               a.     Ages 0 to 11 years;  
943                               b.     Ages 12+ years.  
944                               4.     The review process of a Foster Care Level III placement will be completed  
945                               every six months as part of a child and family team meeting. During the  
946                               review the child's underlying needs, strengths, behaviors, progress  
947                               towards Behavioral Replacement Program Goals, permanency, long-term  
948                               view, and barriers will be assessed and documented on the Level of Care  
949                               Review Form. It will also be determined if the child is ready to step-down  
950                               to Foster Care Level IV.

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- 951           a.     If the child has been in a Foster Care Level III placement for 12  
952                     months or longer and it is determined by the child and family team  
953                     that the child is not able to step-down to Foster Care Level IV:  
954                     i.     The child may need to be screened by the Residential  
955                             Screening Committee for a higher level of care;  
956                     ii.    The child may be in need of additional supports, wrap-  
957                             around services, or their goals of the Behavioral  
958                             Replacement Model Program may need to be re-defined.  
959           b.     If after 12 months it is determined that the child would benefit from  
960                     continuation in their current Foster Care Level III placement and is  
961                     not ready to be step-down to Foster Care Level II, the caseworker  
962                     will document this information on the Level of Care Review Form  
963                     and forward this to the Region Director for review and approval.
- 964       5.     Prospective Foster Care Level III out-of-home caregivers must meet the  
965             following requirements before they can be approved to provide care:  
966             a.     Six months experience providing care for troubled youth;  
967             b.     One parent available in the home full time;  
968             c.     If the out-of-home caregiver is single, they may not have a job  
969                     outside of the home;  
970             d.     Twenty hours of Behavioral Replacement Model Training;  
971             e.     Successful demonstration of the corrective teaching strategies  
972                     taught in the Behavioral Replacement Model course;  
973             f.     Completion of an evaluation at the end of a six-month probationary  
974                     period;  
975             g.     Completion of any additional requirements as outlined by the  
976                     region.
- 977       6.     The Behavioral Replacement Model Motivation System and Privilege  
978             Ladder includes Orientation, Basic, Progress, Advancement, and Goal  
979             System.
- 980           a.     Orientation: When a youth is initially placed in Foster Care Level  
981                     III, this phase usually lasts for approximately one to two weeks.  
982                     During this phase, youth are introduced to the Behavioral  
983                     Replacement Model expectations and should not be left in the  
984                     home alone. Both television and radio time is limited. The youth  
985                     may have free time in the out-of-home caregiver's yard. Bedtime is  
986                     usually around 9:30 p.m., depending on the youth's age and need  
987                     for sleep. Phone calls to and from parents can be allowed;  
988                     however, check with the caseworker first. Snacks are allowed  
989                     during this phase as well as unique privileges that each home may

- 990 offer, such as Nintendo, horseback rides, going fishing with out-of-  
991 home caregivers, etc.
- 992 b. Basic: During this phase, the youth has television time that is  
993 limited. Radio, snacks, and unsupervised free time in the out-of-  
994 home caregiver's yard is also allowed. Bedtime is usually around  
995 9:45 p.m., depending on the youth's age and need for sleep. Phone  
996 calls are allowed, but are limited to the number of calls and times  
997 per day. The youth can also earn an allowance of up to \$2.00  
998 dollars per week as well as unique privileges that the foster home  
999 may offer.
- 1000 c. Progress: During this phase, the youth can earn a limited amount  
1001 of free time. This free time should be from approximately 15 to 30  
1002 minutes, which the youth may use for things like walking to a  
1003 nearby store or park or riding a bike. The ability to have  
1004 unsupervised free time should be staffed with the out-of-home  
1005 caregiver, caseworker, and the consultant before allowing the  
1006 youth to have this privilege. When the youth has demonstrated  
1007 responsibility they may start to earn free time away from home.  
1008 This is usually an hour at a time working up to two hours to be  
1009 used for such activities as going to the mall or a friend's home.  
1010 Most out-of-home caregivers want to have 24 hours advance notice  
1011 that a youth will want to use free time. Television continues to be  
1012 time limited. Radio, snacks, and free time in the out-of-home  
1013 caregiver's yard is allowed. Bedtime is usually around 10:00 p.m.,  
1014 depending on the youth's age and need for sleep. Phone calls are  
1015 limited in number and duration. The youth can also earn an  
1016 allowance of up to \$3.00 per week as well as unique privileges that  
1017 the foster home may offer.
- 1018 d. Advancement: During this phase, the youth should earn sufficient  
1019 time to be able to go to a movie, school dance, group, or other age  
1020 appropriate activity. Use of this privilege should be agreed upon  
1021 by the out-of-home caregiver, caseworker, and consultant. Free  
1022 time and privileges during this phase should be asked for at least  
1023 24 hours in advance. Television time can be increased. Radio,  
1024 snacks, and free time in the out-of-home caregiver's yard is  
1025 allowed. Bedtime is usually around 10:15 p.m., depending on the  
1026 youth's age and need for sleep. Phone calls are limited in number  
1027 and duration. The youth can also earn an allowance of up to \$3.50  
1028 per week as well as unique privileges that the foster home may  
1029 offer.

- 
- 1030 e. Goal System: This phase further extends free time to the youth and  
1031 should be approved by the out-of-home caregiver, caseworker, and  
1032 consultant. The youth must ask for the extended free time at least  
1033 24 hours in advance. The youth may negotiate how much time  
1034 they need for a certain activity and express why this amount of  
1035 time is appropriate. Such activities may include going to prom or a  
1036 concert. The youth may need to save up free time during the week  
1037 to spend it on a particular planned activity. Television time can be  
1038 increased. Radio, snacks, and free time in the out-of-home  
1039 caregiver's yard is allowed. Bedtime can be negotiable depending  
1040 on the youth's age and need for sleep. Phone calls can be  
1041 negotiable. The youth can also earn an allowance of up to \$5.00 per  
1042 week as well as unique privileges that the foster home may offer.
- 1043 7. Skills Development can be used with Foster Care Level III. The code for  
1044 Foster Care Level III with Skills Development is (SFD).
- 1045 a. Skills development services means rehabilitative services provided  
1046 face to face to an individual or group of individuals in a residential  
1047 program, day treatment program, or other appropriate setting.  
1048 Skills development services assist individuals to:
- 1049 i. Develop competence in basic living skills such as food  
1050 planning, shopping, food preparation, money management,  
1051 mobility, grooming, personal hygiene, and maintenance of  
1052 living environment; and to assist the individual in  
1053 complying with their medication regime;
- 1054 ii. Assist individuals in developing social, interpersonal, and  
1055 communication skills and effective behaviors.
- 1056 b. Skills development services will be prescribed and recommended  
1057 on a mental health assessment by a licensed mental health  
1058 therapist.
- 1059 c. The caseworker will document the recommendation, need,  
1060 objectives, and goals for skills development services in the child  
1061 and family plan.
- 1062 d. The out-of-home caregiver is expected to document the date and  
1063 duration of the skills development services and activities provided.  
1064 A monthly summary will be kept documenting the significant and  
1065 specific activities in which the child participated during the month  
1066 as well as progress toward skills development treatment goals as of  
1067 result of the participation. This documentation is to be submitted  
1068 to the caseworker at the end of each month for review and  
1069 approval of payment.



- 
- 1070 e. The caseworker reviews the child's skills development services  
1071 with the out-of-home caregiver during monthly visitation as well as  
1072 within the child and family team meetings. If skills development  
1073 treatment goals were met during the month, new individualized  
1074 skills development goals must be developed and added to the child  
1075 and family plan.  
1076
- 1077 D. Foster Care Level III Step-Down (TFS): Foster Care Level III Step-Down is for a  
1078 child who has been in a Foster Care Level III placement and whose behaviors  
1079 have improved to the Goal System of the Behavior Replacement Program. A  
1080 determination for step-down from Foster Care Level III to Foster Care Level III  
1081 Step-Down is made during six-month reviews that take place within the context  
1082 of the child and family team. A Foster Care Level III Step-Down placement is a  
1083 time-limited intervention and maintenance phase. The Foster Care Level III  
1084 Step-Down phase should not exceed 12 months and should be reviewed every  
1085 six months for progress.
- 1086 1. Foster Care Level III Step-Down is designed for a child to remain in the  
1087 same foster home placement that they were in for Foster Care Level III.  
1088 The child's placement does not change as a result of the step-down, only  
1089 the level of care that is being provided to the child changes.
- 1090 2. Foster Care Level III Step-Down is to eventually transition the child into a  
1091 more permanent family setting such as returning the child home,  
1092 adoption, custody and guardianship to kin or with current out-of-home  
1093 caregivers, or independent living.
- 1094 3. Foster Care Level III Step-Down will include children who in the past six  
1095 months have had seven or more of the conditions listed above under  
1096 Foster Care Level I and Foster Care Level II, with most falling within  
1097 Foster Care Level II, or up to two conditions that are listed above for  
1098 Foster Care Level III.
- 1099 4. Age ranges and payment levels for Foster Care Level III Step-Down (TFS)  
1100 placements are:  
1101 a. Ages 0 to 11 years;  
1102 b. Ages 12+ years.
- 1103 5. The review process of a Foster Care Level III Step-Down placement will  
1104 be completed every six months as part of a child and family team meeting.  
1105 During the review the child's underlying needs, strengths, behaviors,  
1106 progress towards and maintenance of Behavioral Replacement Program  
1107 Goals, permanency, long-term view, and barriers will be assessed and  
1108 documented on the Level of Care Review Form. The review process will  
1109 also determine the appropriateness of the placement and current level of

- care in meeting the child's needs. A child in a Foster Care Level III Step-Down placement could be stepped down into a lower level of care. However, step-down does not necessarily mean placement change. A placement change should only be considered if permanency is not obtainable with the current out-of-home care provider.
- a. If the child has been in a Foster Care Level III Step-Down placement for 12 months or longer:
    - i. The child may need to be stepped back up into Foster Care Level III or screened by the Residential Screening Committee for a higher level of care;
    - ii. The child may be in need of additional supports, wrap-around services, or their goals of the Behavioral Replacement Model Program may need to be re-defined.
  - b. If after 12 months it is determined that the child would benefit from continuation in their current Foster Care Level III Step-Down placement, the caseworker will document this information on the Level of Care Review Form and forward this to the Region Director for review and approval.

## **301.7 Children With Specialized Health Care And Developmental Needs**

### Major objectives:

A child's specialized health care and developmental needs, as determined by a health care provider, will be taken into account in the selection of an out-of-home caregiver. Specialized health care and developmental needs include, but are not limited to, physical or developmental disabilities, special medical needs, or technology dependence, drug dependency, or testing HIV positive. For a child whose disability cannot be adequately addressed in a traditional family setting, services from both Child and Family Services and the Division of Services to People with Disabilities (DSPD) may be explored.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. The following must be considered in placement selection:
  1. Access and availability to appropriate medical resources.
  2. Appropriate facilities in the home to meet the needs of the child.
  3. The skill level and nurturing ability of the out-of-home caregiver.
  4. A family composition that allows sufficient time to meet the needs of the child with specialized health care challenges.
  5. The ability to transport and coordinate with various agencies that may be serving the child and family.
  6. Adherence to the principle of normalization including placement in the least restrictive most appropriate placement within the community.
  7. Availability of education services specific to the child's needs.
- B. The out-of-home caregiver and the child's parent will receive instruction from a qualified health care provider on the operation of any medical equipment required for a child's care.
- C. The child and family team will include medical, social work, and rehabilitation personnel who will coordinate a program of interventions designed to meet the child's needs.
- D. The child and family plan will:

- 1169            1.     Address the child's current and anticipated medical and rehabilitative  
1170                        needs.  
1171            2.     Specify the child's condition and provide appropriate short-term and  
1172                        long-term medical and rehabilitation interventions.  
1173

## 301.8 Children With Medically Fragile Or Medically Needy Conditions

### Major objectives:

A child who is medically fragile or medically needy, as determined by a physician, and the child's out-of-home caregiver will receive support and services in accordance to their needs.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Children who are Medically Fragile or Medically Needy (MFC): Children who are Medically Fragile or Medically Needy and their out-of-home caregivers will receive support and services in accordance to their needs. The MFC code will be used for both Medically Fragile and Medically Needy children. This code could serve to enhance the foster care payment for the child's additional health care needs, as providers may receive an additional payment for children who are deemed Medically Needy or Medically Fragile.
- B. When a child meets the Medically Needy or Medically Fragile criteria, it is not a guarantee that an additional payment will be deemed appropriate. This determination for any additional payment for a Medically Needy or Medically Fragile child will need to be determined within the context of the child and family team.
  1. Medically Needy: This code can be used with Foster Care Levels II, III, and III Step-Down. Medically Needy children are those who fall within category four of the Health Status Outcome Measures. Medically Needy children may have an acute illness or chronic condition that requires regular ongoing follow-up. This can include substance abuse, pregnancy, and daily medications that are not preventative.
  2. Medically Fragile: This code can be used with Foster Care Levels II, III, and III Step-Down. Medically Fragile children are those who fall within category five of the Health Status Outcome Measures. A Medically Fragile child has multiple and/or debilitating condition(s) that require assistance with activities of daily living, requires daily monitoring, or is at risk for developing an acute condition.

- 1212           3.     The child must have a diagnosis that meets the Medically Fragile or  
1213           Medically Needy criteria from a physician or from his/her medical  
1214           records.
- 1215           4.     The Fostering Healthy Children Nurse shall review Medically Fragile and  
1216           Medically Needy cases quarterly and document this in SAFE to determine  
1217           the appropriateness of the MFC code. The nurse will keep the out-of-  
1218           home workers informed of the child's MFC Code status.
- 1219           5.     The child and family team for children who are Medically Fragile or  
1220           Medically Needy will include the caseworker, resource family consultant,  
1221           Fostering Healthy Children nurse, out-of-home caregiver, biological  
1222           parents, and child. The child and family team may also include the  
1223           medical practitioners and rehabilitation therapists.
- 1224           6.     Medically Fragile and Medically Needy cases should be reviewed on a  
1225           quarterly basis by the child and family team or more frequently as  
1226           needed. The caseworker is responsible for coordinating the child and  
1227           family team meetings. A report on the child's condition should be  
1228           included on the Out-of-Home Progress Summary.
- 1229           7.     If the child meets the Medically Fragile or Medically Needy criteria,  
1230           additional monies can be added to the daily rate. The worker will ensure  
1231           that if the child meets either the Medically Fragile or Medically Needy  
1232           criteria, that the MFC code will be opened for services.
- 1233           8.     Designate in the meeting the person responsible for opening the MFC  
1234           code. This person will submit the MFC code for payment to the eligibility  
1235           technician.
- 1236           9.     The resource family consultant or other designated staff will open the  
1237           approval for the MFC code on the PR07 screen and update the R198B for  
1238           auditing purposes.
- 1239

## **301.9 Children With Severe Mental Health Needs**

### Major objectives:

Children under age 18 years with a formal DSM IV diagnosis that interferes with areas of daily functioning and has existed or is likely to for one year or longer and requires intensive mental health treatment will be evaluated by a regional committee for placement options. The child and family team will provide recommendations regarding the child's needs. Assistance with individualized child and family plans may also be requested from the Division of Mental Health. In extreme circumstances, when a child's severe mental health needs cannot be met by an out-of-home caregiver in the community, placement in the Utah State Hospital will be considered.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. The following factors must be considered in placing children with severe mental health needs:
  1. The composition and skills of out-of-home caregivers if placement is being made in a family setting.
  2. The ability of the out-of-home caregivers to maintain both the child and others safely.
  3. The risks to the child and the community.
  4. Access and availability of appropriate treatment.
  5. Whether the placement is the least restrictive setting in which the child's needs can be met.
- B. If the child requires placement in the Utah State Hospital:
  1. Clearly document in the child and family plan how the child or youth will benefit from the placement in the State Hospital.
  2. This placement option will only be considered for latency-age children and adolescents.
  3. Document the community mental health center involved in making the placement.

## 301.10 Children Who Are Sexually Reactive

### Major objectives:

For a child who exhibits inappropriate sexual behavior, usually as a result of sexual victimization, a placement will be selected that meets the needs of the child and maintains safety in the home and community.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. To facilitate appropriate placement, placement screening committees or the regional screening committee will address the special treatment needs of the child and identify potential placement problems and solutions. The child and family team will provide recommendations regarding the child's needs.
- B. Meetings may include professionals from the community that are providing services to the child or could help assess the child's placement and treatment needs.
- C. The following factors will be considered in placing these children:
  1. The child's treatment needs and the availability of resources.
  2. The skill level of the out-of-home care provider.
  3. The child's supervision needs.
  4. The out-of-home caregiver's ability to appropriately manage this type of behavior.
  5. Composition of the kin or out-of-home caregiver's family. Children who are sexually reactive will not be placed with families who have younger or otherwise vulnerable children.
  6. Risks to the neighborhood and school.
- D. The worker must fully disclose all known information to the prospective out-of-home caregiver of the child's known history as a victim and/or perpetrator prior to placement. Additional information obtained at any time throughout the placement will also be disclosed to the out-of-home caregiver.
- E. There may be situations where it is in the best interest of the child and the community for placement to be outside of a family setting.



- 1317 F. Documentation must be in the child's case record as to the staffings on the case  
1318 and the appropriateness of the child's placement.  
1319

## **301.11 Foster Youth With Children**

### Major objectives:

When a young woman in Child and Family Services custody is mother to a child, Child and Family Services will only take custody of the young woman's child if there are concerns of abuse, neglect, or dependency. If the mother plans to continue parenting, the child will remain in the out-of-home placement with the mother.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Explore placement options with the child and family team. If it is determined that the foster youth is not able to remain in her current out-of-home placement with her child, other alternatives such as teen mother programs may need to be explored.
- B. The mother (foster youth) is the primary caregiver of her child. Where applicable, the out-of-home caregiver will mentor appropriate parenting and household management skills.
- C. The child and family plan will reflect the type of mentoring needed by the mother (youth) in caring for her child.
- D. Additional payments may be made for necessities needed for day-to day care and to cover room and board costs for the baby. If the foster youth is placed in a foster home, a supplemental daily payment may be made to the out-of-home caregiver to cover the baby's room and board costs (using the BAB code). The child and family team may recommend that the foster youth be given responsibility to use a portion of that payment for the baby's needs.

If the foster youth is placed in an independent living placement, a supplemental daily payment may be made to the foster youth to cover the baby's room and board costs (using the BAB code).

In addition, special needs of the foster youth's child may be covered through relevant payment categories identified for foster children. Each payment on behalf of the child will be made under the foster youth's name.

## **301.12 Residential Care**

### Major objectives:

Children who have severe emotional or behavioral difficulties and cannot be managed in traditional family settings because of their need for more intensive supervision and treatment may be placed in residential care.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Children who qualify to be screened for residential placements shall meet the following requirements:
  1. Child is inappropriate for less restrictive placements or there are no other placements available to meet the child's needs.
  2. Child is not able to function on a daily basis in a family environment.
  3. Child needs more structure than is available in a traditional family setting.
  4. Child requires 24-hour supervision.
- B. Placement in residential care will be approved by the regional residential screening committee according to regional protocol.
  1. Cases will be reviewed only after the child and family team has been consulted.
  2. The child and family team should not come with a recommendation for residential placement. Rather, they are to generate a list of needs for the child and family that will be reviewed by the screening committee for recommendations on how to best meet those identified needs.
  3. Residential placement may be an option recommended and approved by the Screening Committee.

### **301.13 Regional Screening Committee For Residential Care**

Major objectives:

If a child requires a screening for a change in placement level, the worker will present an assessment of the child's current strengths and needs to the regional screening committee.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

The regional screening committee shall:

- A. Review placement options available for the child.
- B. Assess current budget and placement cap restrictions in the region.
- C. Set the date for the next review. Reviews must occur at a minimum of every 90 days while the child is in a high cost setting. Regions with a high number of children in residential placements may have difficulty achieving this; however, it should be a priority of the region to facilitate these reviews.
- D. A provider will be selected on the basis of ability and willingness to include the family in the service process, treatment, and discharge planning from the beginning.
- E. The committee will complete the residential screening form and the purchase service authorization at the conclusion of the screening.

## **301.14 Transition To Approved Placement**

### Major objectives:

In order to minimize the risk of trauma or potential future crisis to children, a transition plan will be developed and implemented for all children moving into or between any type of placement. Prior to any placement, all children will be prepared for the move using developmentally appropriate intervention strategies.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. The child's family must be informed whenever there is a need for the child to change or transition to a placement. Engage the family to determine the child's needs and prepare them for the child's move.
- B. Explain the reason for the move, the current situation, and what comes next in the process. Some of the following strategies may be helpful:
  1. Drawing pictures.
  2. Acting out the removal and subsequent move with small play figures.
  3. Creating a time line.

This type of preparation can range from a minimum of one hour for emergency removal situations to several weeks for more gradual transitions, dependent upon the child's needs and situation.

- C. Identify and obtain familiar supports including people, toys, blankets, and other items, learning style, coping mechanisms, daily schedule, habits, likes/dislikes, social, emotional, cognitive (including school needs, fears, and successful parenting methods for both comforting and disciplining the child), physical (including acute or chronic medical conditions, nutritional requirements or restrictions, food preferences/dislikes, medications, immunizations, and allergies), and cultural information including religious preference. It is highly recommended that a familiar adult (a family member or friend where appropriate) and the caseworker assist with the move.
- D. Validate the child and family's fears, reactions, and concerns.

- 1461 E. Plan the placement in accordance with placement requirements. [See: [Section](#)  
1462 [301](#), Preparation For Placement In Out-Of-Home Care.]  
1463
- 1464 F. To eliminate the child experiencing rejection, transition activities are never to be  
1465 initiated as a “trial” attempt to place with a family. Transition activities are  
1466 utilized when families have expressed a commitment to the child’s care prior to  
1467 placement.  
1468
- 1469 G. It is best practice for children to have pre-placement visits to gradually orient  
1470 them to the new home and caregivers. Pre-placement visits may include:  
1471 1. A tour of the new home.  
1472 2. Activities such as day visits, mutual activities, or overnight visits.  
1473
- 1474 H. Prepare and/or update the Child’s Home-to-Home Book. [See: [Section 303.3](#),  
1475 Maintaining The Home-To-Home Book.]  
1476

## **302. Planning And Interventions**

### **302.1 Child And Family Plans**

#### Major objectives:

- A. The child and family team will create a plan based on the assessment of the child and family's strengths and needs, which will enable them to work toward their goals. The child and family team will also oversee progress towards completion of the plan and provide input into adaptations needed in the plan.
- B. The initial plan shall be developed and finalized no later than 45 days after a child's removal from the home or placement in Child and Family Services custody, whichever occurs first. A plan is finalized on the date that it is finalized in SAFE.
- C. In every case, a concurrent plan will be in place from the inception of the out-of-home care intervention to ensure a permanent family for the child within a timely framework.

## **Summary of the Law**

### **62A-4a-205. Treatment plans.**

(1) No more than 45 days after a child enters the temporary custody of the division, the child's treatment plan shall be finalized.

(2) The division shall use an interdisciplinary team approach in developing each treatment plan. An interdisciplinary team shall include, but is not limited to, representatives from mental health, education, and, where appropriate, a representative of law enforcement.

(3) (a) The division shall involve all of the following in the development of a child's treatment plan:

(i) both of the child's natural parents, unless the whereabouts of a parent are unknown;

(ii) the child;

(iii) the child's out-of-home caregivers; and

(iv) where appropriate, the child's stepparent.

(b) In relation to all information considered by the division in developing a treatment plan, additional weight and attention shall be given to the input of the child's natural and out-of-home caregivers upon their involvement pursuant to Subsections (3)(a)(i) and (iii).

(4) A copy of the treatment plan shall be provided to the Guardian ad Litem, and to the child's natural parents and out-of-home caregivers immediately upon completion, or as soon as is reasonably possible thereafter.

(5) Each treatment plan shall specifically provide for the safety of the child, in accordance with federal law, and clearly define what actions or precautions will, or may be, necessary to provide for the health, safety, protection, and welfare of the child.

(6) The plan shall set forth, with specificity, at least the following:

(a) the reason the child entered Division of Child and Family Services custody, and documentation of the reasonable efforts made to prevent placement, or documentation of the emergency situation that existed and that prevented reasonable efforts;

(b) the primary permanency goal for the child and the reason for selection of that goal;

(c) the concurrent permanency goal for the child and the reason for the selection of that goal;

(d) if the plan is for the child to return to the child's family, specifically what the parents must do in order to enable the child to be returned home, specifically how those requirements may be accomplished, and how those requirements will be measured;

(e) the specific services needed to reduce the problems that necessitated placement in the division's custody, and who will provide for and be responsible for case management;

(f) a parent-time schedule between the natural parent and the child;

(g) the health care to be provided to the child, and the mental health care to be provided to address any known or diagnosed mental health needs of the child. If residential treatment, rather than a foster home, is the proposed placement, a specialized assessment of the child's health needs shall be conducted, including an assessment of mental illness and behavior and conduct disorders; and

(h) social summaries that include case history information pertinent to case planning.

(7) (a) Each treatment plan shall be specific to each child and the child's family, rather than general. The division shall train its workers to develop treatment plans that comply with federal mandates and the specific needs of the particular child and the child's family.

(b) All treatment plans and expectations shall be individualized and contain specific time frames.

(c) Treatment plans shall address problems that keep children in placement and keep them from achieving permanence in their lives.

(d) The child's natural parents, out-of-home caregivers, and where appropriate, stepparents, shall be kept informed of and supported to participate in important meetings and Practice Guidelines related to the child's placement.



(8) With regard to a child who is three years of age or younger, if the goal is not to return the child home, the permanency plan for that child shall be adoption. However, if the division documents to the court that there is a compelling reason that adoption, reunification, guardianship, and kinship placement are not in the child's best interest, the court may order another planned permanent living arrangement in accordance with federal law.

#### Practice Guidelines

A. To facilitate permanency, the child and family plan will include:

1. The current strengths of the child and family as well as the underlying needs to be addressed. In addition, a primary permanency goal and concurrent goal to provide the child with a permanent home within 12 months of the date of removal (or eight months if a child is under the age of 36 months).
2. If the goal is reunification, the plan will specify a projected return home date and a description of steps and services offered to the parent to achieve reunification.
3. Description of the type of placement appropriate for the child's special needs and best interests, in the least restrictive setting available and in close proximity to the parents, when the goal is reunification. If the child with a goal of reunification has been placed a substantial distance from the parents, the plan will describe reasons why the placement is in the best interests of the child.
4. If the goal is not reunification, the plan will include steps to finalize the placement, including child-specific recruitment efforts if the goal is adoption.
5. Safety agreement, if needed.
6. Plan for crisis, if needed.
7. Plan for next age-appropriate transition.
8. A plan for transition from foster care to independent living, if a child is 16 years or older. Transitional living services may also be offered to a child age 14 or 15 (see transitional living services section).
9. Plan to assure the child receives safe and proper care including the provision of medical, dental, mental health, educational, recreational, or other specialized services and resources.
10. A visitation plan for the child, parents, and siblings.
11. Steps for monitoring the placement and providing support to the out-of-home caregiver, including plan for visitation of the child and support to the caregiver when placed out of state.

1595 12. Methods by which the child's significant relationships can be maintained  
1596 regardless of the permanency goals.  
1597

1598 B. Upon finalization of the child and family plan, both the caseworker and  
1599 supervisor will sign the plan. The caseworker will obtain signatures from the  
1600 parents, child, and out-of-home caregiver. If any party refuses to sign the plan,  
1601 reasons shall be documented in the activity logs of the case file. Once all  
1602 signatures have been obtained, copies of the plan will be sent to the Juvenile  
1603 Court, Assistant Attorney General, Guardian ad Litem, legal counsel for the  
1604 parents, parents, child, and out-of-home caregiver.  
1605

1606 C. Concurrent permanency planning ensures that the child and family are prepared  
1607 for both the child's primary and secondary permanency goals. Every child and  
1608 family plan must include a primary and secondary goal.  
1609

1610 D. Tracking and adapting the child and family plan/team review/progress  
1611 summaries:

- 1612 1. With input from child and family team members, the plan shall be  
1613 reviewed to track progress made and progress shall be reported at least  
1614 every 90 days.
  - 1615 a. The progress summary will outline the current situation and  
1616 progress towards the permanency goal.
  - 1617 b. The progress summary shall be signed by both the caseworker and  
1618 supervisor and shall be submitted to the Juvenile Court, Assistant  
1619 Attorney General, Guardian ad Litem, legal counsel for the parents,  
1620 parents, and out-of-home caregiver.
- 1621 2. The plan shall be adapted:
  - 1622 a. When the team identifies that new steps are needed to make  
1623 progress.
  - 1624 b. When the team identifies a new need.
  - 1625 c. When needs are met.
  - 1626 d. When there is a significant change with the child and family,  
1627 including a placement change.
  - 1628 e. At least every six months from date of removal.  
1629

### **303. Services And Interventions**

Major objectives:

Determination of interventions and service modalities will be matched to the assessed needs of the family. Only interventions deemed as best practice and approved by Child and Family Services will be utilized.

In order to provide services to promote successful reunification or other permanency options for the child, the family will be seen as the center of case management and child and family planning. Services will be delivered according to the individualized assessed needs of the family as early in the intervention process as possible.

#### **303.1 Visitation With Familial Connections**

Major objectives:

Purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Children also have the right to communicate with other family members, their attorney, physician, clergy, and others except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests.

#### **Summary of the Law**

No governing statute.

#### Practice Guidelines

- A. Visitation plans between the child, parent, and siblings will be individualized to meet the needs of the family. Visitation plans will be facilitated by joint planning between the members of the child and family team. Visits shall occur as often as possible with once per week as the general guideline.
- B. Visitation with parents and/or siblings will occur in the most natural setting, such as family's home, library, church, or community center, neighborhood park, shopping center, etc.

- 1669 C. Supervised visits will only occur in situations where safety or emotional well-  
1670 being of the child is in question and will be conducted by workers, kin or out-of-  
1671 home caregivers, trained assistants, or other qualified individuals.  
1672
- 1673 D. Visitation plans with parents and siblings will be outlined in the child and family  
1674 plan and specific arrangements will be made between the parents and out-of-  
1675 home caregivers, with consultation by the child and family team, and may  
1676 include suggested locations, dates, times, and individuals responsible to  
1677 transport and attend.  
1678
- 1679 E. In situations where distance or other circumstances present difficulty for the  
1680 family, alternative transportation arrangements will be explored with the team,  
1681 such as bus, light-rail, or meeting at the half-way point between locations. If,  
1682 after creative exploration of all options by the child and family team, weekly  
1683 visits are still not feasible, schedule longer visits as frequently as possible, with  
1684 other means of communication encouraged between visits.  
1685
- 1686 F. Kin or out-of-home caregivers may only censor or monitor a child's mail or  
1687 phone calls by court order.  
1688
- 1689 G. Contacts with family for children placed out-of-state:  
1690 1. A child who is placed out-of -state in out-of-home care may make two  
1691 trips home a year at the state's expense. The region may make exceptions  
1692 to this in emergencies, such as the serious illness or death of a parent or  
1693 family member. If the parent has moved out-of-state and the permanency  
1694 goal is to return the child to the parent, the child may also make two trips  
1695 per year to visit the parent at the state's expense if the parent cannot afford  
1696 to purchase the necessary tickets.  
1697
- 1698 2. Children who are placed out-of-state or out of the area will be encouraged  
1699 to maintain written and telephone contact with their parents as negotiated  
1700 by the child and family team.  
1701

## 303.2 Caseworker Visitation With The Child

### Major objectives:

The caseworker will visit with the child to ensure that the child is safe and is appropriately cared for while in out-of-home care. The caseworker will meet with the child no less than once every 30 days. The child and family team will develop the specifics of the contact plan for each child.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. To supplement the required visit and to seek to meet each child's needs, the caseworker will partner with other members of the child and family team to make contacts with the child.
- B. At least one face-to-face contact with the child must take place in the child's out-of-home placement.
- C. Visits will include a private conversation with the child to ensure that the child feels safe and that the child's needs are being met, assess progress on the plan, and inform the child of upcoming events.
- D. If the child is placed outside the state, the worker will have at least one telephone conversation per month with the child, if the child is verbal, and with the child's out-of-home caregiver to supplement services provided by the courtesy social worker as specified in the Interstate Compact Agreement. The child's worker from the placing state will visit the child face-to-face at least one time per year. [See: [Section 700](#), General Practice Guidelines--Section 703, Interstate Compact On The Placement Of Children.]
- E. In addition to the monthly visit, the out-of-home worker will be available to provide ongoing counsel to address the child's concerns including issues of separation and loss as well as any other issues.

### 303.3 Maintaining The Home-To-Home Book

#### Major objectives:

The child's Home-to-Home Book will be initially created by the worker and maintained by the out-of-home caregiver to preserve vital information about the child's events and activities during the time the child spent in care and relevant information contained therein to be shared with appropriate health care and educational providers during visits to ensure continuity of care.

#### **Summary of the Law**

No governing statute.

#### Practice Guidelines

- A. The child's Home-to-Home Book will contain all information about the child while in out-of-home care, including:
1. Names and addresses of providers, an inventory of belongings, a behavior checklist, information about the child's needs and habits, visitation information, and a section for the safe-keeping of mementos and photographs.
  2. Health history, current health status, medications, immunization record, copies of medical reports, and names and addresses of health care providers.
  3. School records, including school name and address, preschool information as well as educational information if the child was in shelter care, the names of teachers and counselors familiar with the child, the child's grade level performance, and special education needs.
  4. Records and contact persons from any other public and private health, mental health, or social service agencies that have worked with the child.
  5. Past mental health problems and special needs of the child.
  6. Documentation and receipts for any items or services purchased for the child while in out-of-home care.
  7. Name, address, and phone number of the child's Guardian ad Litem and the Guardian ad Litem's role in protecting the child's interest. Out-of-home caregivers are encouraged to contact the child's Guardian ad Litem with any concerns that the child's needs are not being met.
- B. Print the forms from SAFE. Existing forms are to be kept in the Home-to-Home Book to serve as a history while the child is in care. At time of each placement,

- 1778 new forms are generated to serve as updates, but do not replace existing forms  
1779 and information.  
1780
- 1781 C. The Home-to-Home-Book is to be reviewed, updated, and supplied to the out-of-  
1782 home caregiver at the time of placement. If not, the worker will deliver and  
1783 review the record with the out-of-home caregiver no later than 10 working days  
1784 from date of placement.  
1785
- 1786 D. The caseworker will explain to the out-of-home care provider during the review  
1787 of the Home-to-Home Book that medical care must be obtained only from an  
1788 approved Medicaid provider, which means that if an HMO is designated on the  
1789 child's card, the health care provider must participate in that HMO.  
1790
- 1791 E. The out-of-home caregiver must take health care history information from the  
1792 Home-to-Home Book to health care visits to assure continuity of care and  
1793 prevent unnecessary duplication of medical care (such as immunizations).  
1794
- 1795 F. The out-of-home caregiver is to keep current records of the child's vital  
1796 information and important events in the Home-to-Home Book.  
1797
- 1798 G. The caseworker will review the Home-to-Home Book at least quarterly with the  
1799 out-of-home caregiver and the child, when appropriate, to discuss the child's  
1800 school progress, medical needs, use of clothing allowance and other special  
1801 needs payments, and other issues related to the placement.  
1802

### 303.4 Educational Services

#### Major objectives:

The caseworker will make every effort to ensure that all children placed in out-of-home care receive appropriate educational services consistent with their needs. Child and Family Services staff will work with the child and family team to help the child achieve his or her full educational potential.

#### **Summary of the Law**

No governing statute.

#### Practice Guidelines

- A. Effort will be made to maintain the child's enrollment at their existing school. When a child in Child and Family Services custody must be transferred to a new school, the caseworker will inform the transferring school in advance and will consult with the staff at the former school about how to minimize disruptions of the child's education. The worker will obtain and complete all fee waiver forms and authorize payment of school fees not waived.
- B. The caseworker will gather and provide all educational background information related to the child and provide the information to the out-of-home care providers for placement in the Home-to-Home Book within 10 days from the date of placement.
- C. The caseworker, out-of-home caregiver, and the child need to meet with the school administration prior to enrollment. Other members of the child and family team may be included in this process.
- D. At any time during the child's placement, if the child and family team has reason to suspect that the child may have a disability requiring special education services, the child will be referred for assessments for specialized services.
- E. Within 10 days of a child's placement in foster care, the worker will refer the child to the appropriate Youth in Custody (YIC) program for assessment of which school programs will be most appropriate. Not all youth in Child and Family Services custody will have a YIC program. If a youth is not appropriate for a YIC program, or is in a school district that does not have an applicable YIC program, the worker or school personnel will refer the child to the appropriate school principal or staff for assessment of educational needs.



### 303.5 Health Care

Major objectives:

All children placed in out-of-home care will receive health care services according to Child and Family Services requirements whether they are Medicaid eligible or not. The caseworker will notify parents of any medical, dental, or mental health needs or appointments for their child.

### Summary of the Law

No governing statute.

Practice Guidelines

The following health care services will be provided:

- A. If any sign of abuse or neglect or if the child is ill, the child will be seen by a health care provider within 24 hours.
- B. Within five days, the child will receive an initial Child Health Evaluation and Care (CHEC) exam.
- C. Within 30 days of removal or court-ordered custody, whichever occurs first, the child will receive:
  - 1. CHEC exam.
  - 2. Comprehensive mental health assessment.
  - 3. Dental exam.
- D. While in custody, the child will receive:
  - 1. CHEC exam according to the Periodicity Schedule:
    - a. Birth.
    - b. Two weeks of age.
    - c. Two months of age.
    - d. Four months of age.
    - e. Six months of age.
    - f. Nine months of age.
    - g. Twelve months of age.
    - h. Fifteen months of age.
    - i. Eighteen months of age.
    - j. Twenty-four months of age.
    - k. Annually after 24 months of age.

- 1883            2.     Annual mental health assessment.  
1884            3.     Annual dental exam.  
1885  
1886 E.     All follow-up care recommended by the primary care providers.  
1887  
1888 F.     Immunizations according to the Center for Disease Control recommendations.  
1889  
1890 G.     Any specific health care or screening requirements mandated by Medicaid.  
1891

## 303.6 Specific Medical Services

### Major objectives:

When children in foster care have specific medical needs such as substance abuse, HIV (Human Immunodeficiency Virus) or STI (Sexually Transmitted Infections) testing, family planning including birth control methods, sex education, prenatal care, pregnancy, education on caring for a child, abortion, and life sustaining medical treatment, Child and Family Services will ensure that these needs are met.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

#### A. Substance Abuse Interventions:

1. The Child and Family Services worker may refer the child for a one-time drug test if there is "reasonable belief" that the foster child is using inappropriate or illegal substances. The Child and Family Services worker will refer the child for a substance abuse treatment assessment if the child is not already involved in substance abuse treatment.
2. When referring the child for a substance abuse assessment or drug test, the worker should consult with the child's health care provider to ensure that the cause for concern is not being caused by another medical or mental health diagnosis.
3. If substance abuse treatment is recommended, the worker will ensure that treatment recommendations are followed and will amend the child and family plan to include this treatment.
4. The drug testing may not be continued on a regular or random basis without a court order.
5. A drug test should never be used as punishment.
6. An out-of-home caregiver must request the worker's permission prior to taking a child for drug testing.
7. The results of all substance abuse assessments and drug tests will be kept confidential.

#### B. HIV, STIs, and other Communicable Diseases: When the worker has "reasonable belief" that a foster child may be infected with HIV, STI, or another communicable disease, the worker will immediately consult with the child's health care provider and seek the necessary medical testing and medical treatment.

- 
- 1932 1. The Child and Family Services worker shall ensure the confidentiality of  
1933 the medical testing results. Random HIV or STI testing is prohibited.
- 1934 2. Standards for consultation with a health care provider to determine for  
1935 HIV or STI testing:
- 1936 a. An infant born to a mother with unknown risk and serological  
1937 status.
- 1938 b. The child has a history of risky behaviors, symptoms, or physical  
1939 findings that suggest HIV, STI, or another communicable disease  
1940 such as:
- 1941 i. Unprotected sexual contact;  
1942 ii. Multiple sexual partners;  
1943 iii. IV drug use .
- 1944 c. The child has symptoms or physical findings as determined by  
1945 health care providers that may suggest HIV, STI, or another  
1946 communicable disease.
- 1947 d. The child has a parent or sibling who is HIV-infected or has a STI  
1948 or communicable disease and is at an increased risk of HIV, STI, or  
1949 another communicable disease infection.
- 1950 e. The child has a current or past sexual partner who is HIV-infected,  
1951 has an STI or another communicable disease, or is at increased risk  
1952 for HIV, STI, or other communicable disease infection.
- 1953 f. The child has a history of sexual abuse or a history of STI.
- 1954 3. Standards for minors taken into custody for committing a sexual offense:
- 1955 a. HIV testing may be conducted on a minor who is taken into  
1956 custody after having been adjudicated to have violated state law  
1957 prohibiting a sexual offense under Title 76, Chapter 5, Part 4,  
1958 Sexual Offenses, upon the request of the victim or the parent or  
1959 guardian of a minor victim.
- 1960 b. HIV tests may not be performed on a sexual offender younger than  
1961 14 years of age without the consent of the court. [See: Utah Code  
1962 Ann. [§78-3a-904\(3\) and \(4\).](#)]
- 1963 4. If testing is indicated or recommended by a health care professional, the  
1964 Child and Family Services worker will consent and sign for the testing.  
1965 An out-of-home caregiver is not allowed to sign for HIV testing unless  
1966 recommended by a health care provider.
- 1967 5. If the out-of-home caseworker cannot provide written consent, consent  
1968 will be given by the caseworker's supervisor or other Child and Family  
1969 Services administrator that has knowledge of the child's medical history.
- 1970 6. When the caseworker becomes aware of an HIV, STI, or other  
1971 communicable disease infected foster child, the out-of-home caregiver

- 
- 1972 shall be informed. It will be the caregiver's responsibility to receive  
1973 appropriate education from a health care provider or the local health  
1974 department. The Child and Family Services caseworker should amend  
1975 the child and family plan to include the following:  
1976 a. Measures needed to protect the child, siblings, foster family, and  
1977 other contacts they may have.  
1978 b. Education for the out-of-home caregiver on care of a child with  
1979 HIV, STI, or another communicable disease.  
1980 7. The Child and Family Services worker and out-of-home caregiver shall  
1981 not disclose information regarding the child's HIV, STI, or other  
1982 communicable disease testing or treatment to any third party other than  
1983 the child's medical or dental provider if the HIV test is positive.  
1984
- 1985 C. Family Planning [*see*: Utah Code Ann. [§76-7-325](#), [§76-7-324](#), [§76-7-323](#), and [§76-7-](#)  
1986 [322](#)]:  
1987 1. All persons caring for children/youth in the custody of Child and Family  
1988 Services will follow the general Practice Guidelines and established Utah  
1989 Codes when dealing with issues of family planning. These codes state  
1990 that, "no agency of the state or its political subdivisions shall approve any  
1991 application for funds of the state or its political subdivisions to support,  
1992 directly or indirectly, any organization or health care provider that  
1993 provides contraceptive or abortion services to an unmarried minor  
1994 without the prior written consent of the minor's parent or guardian."  
1995 2. Utah Code also states that in the area of sex education, "instruction shall  
1996 stress importance of abstinence from all sexual activity before marriage  
1997 and fidelity after marriage as methods for preventing certain  
1998 communicable diseases." This education is applicable to grades 8 through  
1999 12. Child and Family Services provides sex education through its  
2000 Independent Living, Basic Life Skills Class.  
2001 3. Where the issues of prenatal care and caring for a child is concerned, the  
2002 Child and Family Services caseworker has many community resources to  
2003 link the client with in order to receive this education. [*See*: [Section 306.1](#),  
2004 Foster Youth Pregnancy.]  
2005 4. Caseworkers will not offer personal information or opinions to the client  
2006 on family planning, birth control, sexual activity, or personal choice where  
2007 any of these matters are concerned. The caseworker will refer the client to  
2008 the appropriate community agency to receive education and information  
2009 on family planning.  
2010 5. For certain types of birth control, Medicaid will cover the costs.

- 
- 2011 6. An out-of-home caregiver or worker cannot force a child/youth to get on  
2012 birth control, but should encourage a youth who is sexually active to  
2013 receive the proper education about their choices.  
2014
- 2015 D. Foster Youth Pregnancy:  
2016 1. Verify the pregnancy.  
2017 2. Notify the parents/legal guardian, supervisor, and Guardian ad Litem.  
2018 3. Coordinate a child and family team meeting to develop a plan to support  
2019 and counsel the foster youth in all possible options. The child and family  
2020 team will:  
2021 a. Develop a plan regarding prenatal appointments and the birth of  
2022 the baby.  
2023 b. Collect and provide a list of community programs (such as "Baby  
2024 Your Baby") for information and resources.  
2025 c. Arrange for the youth to seek counseling to allow her the  
2026 opportunity to explore options such as adoption, parenting the  
2027 child herself, or other alternatives.  
2028 d. Encourage the youth to remain in school. If the youth is unable to  
2029 remain in a regular school program, assist her in enrolling in an  
2030 alternative school program.  
2031 e. If appropriate, contact a teen home/teen mom program as a  
2032 potential placement or for resources, review placement needs for  
2033 possible teen mother programs (refer to services to child, placement  
2034 requirements, foster youth with children).  
2035 4. Notify the region eligibility worker of the pregnancy so that the unborn  
2036 child can be added to the foster child's Medicaid card, if eligible.  
2037
- 2038 D. Abortion: If the foster child is pregnant and requests an abortion, the worker  
2039 shall do the following:  
2040 1. Convene a child and family team meeting to discuss the foster child's  
2041 request with the foster child's health care provider, Guardian ad Litem,  
2042 and therapist.  
2043 2. If the child's parents cannot attend the child and family team meeting,  
2044 provide notification to the parents of the foster child.  
2045 3. The worker shall not provide counseling or health information, or give  
2046 consent to an abortion without a court order. However, the worker will  
2047 assist in arranging these services.  
2048 4. The worker shall be aware and abide by the abortion standards in Utah  
2049 Code Ann. [§76-7-301](#), [§76-7-301.1](#), [§76-7-302](#), [§76-7-303](#), [§76-7-304](#), [§76-7-](#)  
2050 [305](#), and [§76-7-305.5](#).

- 
- 2051 5. The out-of-home caregivers are not authorized to make any decisions or  
2052 provide consent to an abortion procedure for a foster child.
- 2053 6. If the abortion meets the standards of state law, the procedure can only be  
2054 reimbursed by Medicaid. It is the responsibility of the health care  
2055 provider to counsel the foster child concerning all aspects of pregnancy  
2056 and the decision to have or not to have abortion.
- 2057 7. Child and Family Services will not make any payments for an abortion.  
2058
- 2059 E. Forgoing Life Sustaining Medical Treatment (LSMT) When a Foster Child is  
2060 Terminally Ill: Upon the recommendations of the primary care provider and/or  
2061 health care professional, and after a child and family team meeting, a worker  
2062 may only consent to withholding or withdrawing any LSMT interventions with  
2063 consent from the child's parent(s), with residual rights, and consent from the  
2064 Guardian ad Litem, or when a court order has been issued for withholding or  
2065 withdrawing medical interventions. LSMT includes all medical interventions  
2066 that can be utilized to prolong the life of the patient: Removal from life support,  
2067 do not resuscitate orders, CPR, mechanical ventilation, and therapeutic drugs.
- 2068 1. When a child has been diagnosed by the child's physician and  
2069 documented in the child's medical records, and the child's physician or  
2070 health care provider has recommended or is recommending forgoing  
2071 LSMT, the caseworker will coordinate a child and family team meeting to  
2072 devise a plan of action.
- 2073 2. The parent(s) or immediate family members should make any decision  
2074 regarding whether or not to donate organs. Child and Family Services  
2075 shall not make decisions regarding organ donation.
- 2076 3. Foregoing LSMT can occur even when homicide charges are pending, if  
2077 there is sufficient medical evidence that the child is brain dead. The  
2078 child's caseworker should inform the police of the decision to forego  
2079 LSMT.
- 2080 4. The decision to forego LSMT can be changed by the legal guardian of the  
2081 child and should be reviewed when medical assessments suggest an  
2082 improved prognosis for the child.
- 2083 5. If the child has two legal parents both must agree to forgo LSMT.
- 2084 6. The Guardian ad Litem may not make the final decision to forgo LSMT  
2085 unless: (a) the child has no other legal guardian; and (b) the Guardian ad  
2086 Litem has specific authorization from the court to forgo LSMT.
- 2087 7. The child's caseworker will formulate or amend the child's service plan to  
2088 include the following, if needed:
- 2089 a. Education for the family in regards to grief and loss issues.
- 2090 b. Arrangements for funeral service.

- 2091 c. Autopsy, medical evaluation, or fatality review as needed.  
2092 d. Foster family, legal parent, sibling, and religious support.  
2093 8. The worker should request a copy of the child's medical records including  
2094 the documented decision reached to forgo LSMT for the child.  
2095



## 303.7 Independent Living

### Major objectives:

Child and Family Services will provide transitional living services to youth 14 years and older to meet the challenges of transitioning to adulthood in accordance with Federal Chafe Foster Care Independence Program requirements [USC 677 (b)(2)].

The Independent Living program is both a permanency option and a set of services. All youth in Child and Family Services custody who are 14 years and older will be offered transitional living services regardless of permanency goal.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

The Independent Living program consists of three age groups and five focus areas. The age groups area as follows:

- A. Pre-independent living – ages 14 and 15 (at this age any services that address transitional living areas are optional and should be determined through a child and family team meeting. Also, independent living cannot be identified as a permanency goal for a youth before they turn 16. The main focus at age 14 or 15 should pertain to educational and mental health needs).
- B. Independent living – ages 16 to release from custody (if the child and family team determines that independent living is an appropriate goal for the youth, it is at this age that this can be identified and ordered in court. Additionally, at this age, an independent living plan is required as well as services being offered to the youth).
- C. Post-independent living – ages 18 to 21 (also known as the aftercare program). To qualify for services the youth must have turned age 18 while in custody, and be between ages 18 and 21 and no longer in custody. A voluntary agreement for services between Child and Family Services and the youth must be established.

The five focus areas are as follows:

- A. Vocation/Education – These two areas are closely tied together since as a youth gets older their job options depend largely on their educational background and

2136 training. For younger youth, these areas can be separated and planned for  
2137 individually.  
2138

- 2139 B. Assets – This area is further broken down into two subcategories: internal assets  
2140 and external assets. Internal assets refer to the youth's sense of self-esteem,  
2141 values, personal goals, etc. External assets refer to the youth obtaining items  
2142 such as a copy of their birth certificate, social security card, a driver's license or  
2143 ID card, health insurance, furniture, etc. It also means things such as  
2144 transportation and a place to live.  
2145

- 2146 C. Support System – This focus area refers to the youth being able to identify with a  
2147 support system that they can rely on as they make the transition to adulthood  
2148 and throughout the rest of their life. While the youth is in custody, the child and  
2149 family team is the primary source of support for the youth.  
2150

- 2151 D. Basic Life Skills – This area focuses on the attainment and retention of basic skills  
2152 that all people need in order to be successful adults. This includes the youth  
2153 participating in the Basic Life Skills Class as well as work in the foster home,  
2154 with the caseworker, in therapy, and other areas identified through the child and  
2155 family team. Items that may be identified for the youth could include budgeting,  
2156 obtaining an apartment, knowledge of community resources, how to create a  
2157 resume, skills to use in a job interview, cooking skills, etc.  
2158

- 2159 E. Worker Responsibility – This focus area is for the caseworker. The caseworker  
2160 completes the necessary paperwork and convenes required child and family  
2161 team meetings. For youth who are 14 or 15 and are being offered services under  
2162 the Independent Living program, an independent living plan may be  
2163 established. For youth who are 16 and over, an independent living plan is  
2164 required. The worker must also update the 1057 IL.  
2165

2166 By July 1 of each year, the transitional living coordinator from each region will submit a  
2167 plan for the year to the state transitional living specialist. This plan will include:  
2168

- 2169 A. How and when assessments will be utilized.  
2170

- 2171 B. How assessments, service planning, training, and placements will be coordinated  
2172 with the caseworker.  
2173

- 2174 C. How basic life skills training will be provided to all age groups and in the basic  
2175 life skills classes. This includes the use of providers or kin in the delivery of  
2176 services.
- 2177 1. How the region will use independent living money in the payment of  
2178 youth for completion of basic life skills classes and in program  
2179 development.
  - 2180 2. Plans to collaborate with community partners and other resources to  
2181 include vocational and technical training, legal services, social, cultural,  
2182 leisure, religious, recreational services and supports, and services.
  - 2183 3. The specific curriculum outline to be used in basic life skills training.
  - 2184 4. Evaluation of the effectiveness of training
  - 2185 5. Plan for follow-up for those youth who qualify for the post-independent  
2186 living program.
- 2187
- 2188 D. Independent living assessment and plan.
- 2189 1. The caseworker will complete an assessment to identify the strengths and  
2190 needs of youth who reach the age for transitional living services. This  
2191 assessment shall be reviewed and updated in the child and family team  
2192 meeting. The worker may invite a transitional living worker or the  
2193 regional transitional living coordinator to be part of the assessment  
2194 process and child and family team.
  - 2195 2. The child and family team will develop the independent living plan. The  
2196 independent living plan will be specific for the youth according to their  
2197 age and the services that are required and that have been identified in the  
2198 assessment process. For youth 16 and older who are required to have an  
2199 independent living plan in place, this initial plan will be created within 45  
2200 days of the youth's 16<sup>th</sup> birthday.
  - 2201 3. To prepare youth for their transition from out-of-home care, all youth will  
2202 receive a continuum of training and services as identified through the  
2203 child and family team. These services will include classroom work, work  
2204 in the foster home, work in the school system, work with the therapist and  
2205 in the mental health area, and connections to community-based resources  
2206 and programs.
- 2207
- 2208 E Basic Life Skills Training: Each youth who turns 16 is eligible for the Basic Life  
2209 Skills Class offered through Child and Family Services. The youth will be  
2210 screened by the independent living coordinator, upon the approval of the child  
2211 and family team, to assess for admission to the basic life skills classes.

- 
- 2212 1. The training that a youth can receive and that will be taught in the basic  
2213 life skills classes must include human hygiene and sexuality and use of  
2214 community resources, and may also include, but is not limited to:
- 2215 a. Communication, socialization, and relationships.
  - 2216 b. Job seeking information, assistance, and maintenance skills.
  - 2217 c. Money management.
  - 2218 d. Housing.
  - 2219 e. Food preparation and planning.
  - 2220 f. Legal rights and responsibilities.
  - 2221 g. Health care and counseling.
  - 2222 h. Substance abuse.
  - 2223 i. Decision making.
  - 2224 j. Educational planning.
  - 2225 k. Housekeeping.
  - 2226 l. Transportation.
- 2227 2. Youth who complete the basic life skills class will be entitled to receive a  
2228 completion payment.  
2229
- 2230 F. An independent living placement may be used as an alternative to out-of-home  
2231 care when it is determined that such a placement is in the best interest of the  
2232 youth. This recommendation will be presented to the child and family team who  
2233 will work to ensure that this type of placement is appropriate and that the  
2234 following Practice Guidelines are met:
- 2235 1. The youth is at least 16 years of age.
  - 2236 2. The placement has been approved by the Region Director or designee.
  - 2237 3. An assessment has been completed by the caseworker and reviewed in the  
2238 child and family team addressing the appropriateness of the placement,  
2239 taking into consideration the youths:
    - 2240 a. Community and informal supports, including family and out-of-  
2241 home caregiver;
    - 2242 b. Progress in educational and vocational pursuits;
    - 2243 c. Medical condition;
    - 2244 d. Demonstrated progress in independent living skills;
    - 2245 e. History of substance abuse and risk of future use;
    - 2246 f. Criminal record and risks posed to society;
    - 2247 g. Mental health stability  - 2248 4. The youth should demonstrate an ability to maintain stable employment.
  - 2249 5. The appropriate types of living arrangements for youth in this situation  
2250 include:
    - 2251 a. Living with kin;

- 
- 2252           b.     Living with former out-of-home caregivers while paying rent;  
2253           c.     Living in the community with roommates of the same sex;  
2254           d.     Living alone;  
2255           e.     Living in a group facility, YWCA, boarding house or dorm;  
2256           f.     Living with an adult who has passed a background check or the  
2257                   placement was assessed and approved by regional director or  
2258                   designee.
- 2259       6.     The caseworker and the youth will complete a contract outlining the  
2260               responsibilities and expectations of such a placement, which may include:  
2261               a.     Contact with the caseworker;  
2262               b.     An emergency and safety plan;  
2263               c.     Plan for education and employment;  
2264               d.     Plan for use of State funding and payments;  
2265               e.     Progress toward self-sufficiency;  
2266               f.     Staying within a budget
- 2267       7.     While in an independent living placement, the Child and Family Services  
2268               worker will visit with the child a minimum of two times a month or  
2269               otherwise as deemed appropriate by the child and family team.
- 2270       8.     The Child and Family Services worker will make arrangements for the  
2271               independent living stipends to be paid to the youth and will work with  
2272               the youth to ensure that these funds are being used as required.  
2273
- 2274   G.     The codes that are used for youth in the independent living program are as  
2275             follows:  
2276             1.     The direct service code will remain SCF.  
2277             2.     The ILP payment code will be used when a youth has moved to a  
2278                   transitional living apartment. This payment is the same as the basic foster  
2279                   care rate. Funds are from the foster care budget. This payment can be all  
2280                   or part of the basic maintenance payment depending upon the income of  
2281                   the youth and his or her independent living agreement. Eligibility code  
2282                   for this payment is FB.
- 2283             3.     The SIL payment code is used to pay for services for independent living.  
2284                   These payments are non-maintenance services to assist in the completion  
2285                   of the independent living agreement, such as tuition payments,  
2286                   transportation costs, vocational training material, stipends for completing  
2287                   the Basic Life Skills Class, etc.
- 2288               a.     The non-maintenance code (SIL) may be used in addition to any  
2289                   placement code.
- 2290               b.     The service for SIL must be identified in the Child and Family  
2291                   Services/Regional Memorandum of Agreement.

- 2292 c. Eligibility code for this payment will be IL.  
2293  
2294 4. When a youth is participating in the aftercare program, the payment code  
2295 that will be used to make payments to this youth is TLP.

### **303.8 Placement Prevention/Disruption Fund (Special Needs Funding)**

Major objectives:

Child and Family Services will maintain a placement prevention/disruption fund for the purpose of assisting families in meeting immediate financial needs, when meeting those needs will directly contribute to the goal of maintaining children in their homes.

#### **Summary of the Law**

No governing statutes.

#### Practice Guidelines

Request for and approval of funding

These processes apply in both emergency and non-emergency situations. The nature of a need and the urgency of a request should be specified when a request is made.

- A. The caseworker identifies the need of an out-of-home caregiver and determines if it is an eligible service for the program.
- B. The case manager completes the payment authorization form prescribed by Child and Family Services and obtains the supervisory approval.
- C. The supervisor obtains approval from the program manager.
- D. The program manager obtains approval from the Region Director or designee.
- E. The program manager may issue a check directly to the vendor of services. Checks will not be issued to the family.
- F. The program manager forwards a copy of the payment authorization to the Child and Family Services Finance Office.
- G. The program manager will conduct a monthly reconciliation of the fund according to the fiscal Practice Guidelines approved by the Child and Family Services Finance Office.

Identifying need and eligibility for funding:

A. Caseworkers may intervene when necessary to prevent removal or placement disruption to provide "allowable" services when the cost does not exceed \$500.

B. Child and Family Services will consider requests for fund expenditures defined as "allowable." Other expenses will be considered on an individual basis.

C. "Allowable services" include the following:

1. Rent.
2. Housing deposit.
3. Utility deposit.
4. Utility bills.
5. Automobile repairs.
6. Gasoline.
7. Food.
8. Clothing.
9. Child care supplies.
10. Household supplies.
11. Child day care.
12. Homemaker services.
13. Language interpreters.
14. Psychotherapy for child and parents.
15. Psychological testing/drug screening for child/parents.
16. Educational fees.
17. Doctor visits and/or prescription drugs.
18. Transportation for educational or medical services.
19. Special short-term counseling or treatment not otherwise available through current contracts.

Payment for other services must be approved by the Region Director prior to the expenditure.

### Service Delivery Guidelines

Generally, caseworkers will be expected to access current contracted sources for child and family needs. When it is determined a need exists for a continuing service that is not available on current Child and Family Services contracts, the caseworker and their supervisor will consult with the regional contract specialist to develop the resource.

A. Immediate need for supplies or services can be obtained by accessing the funding available to the regions for the appropriations or activities listed below.



- 
- 2376 B. When a contract is available for continuing needs, the source of funding for the  
2377 contract will be determined by the Region Director and the Administrative  
2378 Services manager.  
2379
- 2380 C. Funding is available to regions for special needs payments from the identified  
2381 funding sources for the identified needs and activities:  
2382 1. **KHD -- In home services**  
2383 **PIHS - In home services**  
2384 Can be used for any special need determined by the caseworker and/or  
2385 the Region Director to stabilize a family in their home or to eliminate the  
2386 need for a child to be brought into Child and Family Services custody.  
2387 2. **KHH - Minor grants**  
2388 **PFPR - Family Reunification**  
2389 Can be used for special needs to assist in reunification of a child with  
2390 parents and to provide for child and/or family treatment needs.  
2391 3. **PFPF - Family Preservation**  
2392 Can be used for special needs required to maintain the family structure  
2393 and to keep a child with their family.  
2394 4. **KHL - Special Needs**  
2395 Can be used for funding for transportation, medical services not covered  
2396 by Medicaid, or any other needs not otherwise available through  
2397 established contracted sources for children in the custody of Child and  
2398 Family Services.  
2399

## 2400 **Data Collection and Fund Accounting Processes**

- 2401 A. Each region is responsible for obtaining service data and submitting monthly  
2402 fiscal information to the Child and Family Services Director of Finance. Service  
2403 and financial data must be submitted in the standard format approved by the  
2404 Child and Family Services Director of Finance.  
2405
- 2406 B. Each region shall submit a plan for the system delivery of placement  
2407 prevention/disruption funds. The plan must be approved by the Child and  
2408 Family Services Director of Finance. The funds will be distributed through a  
2409 special account based on a local population-served formula. The funds will be  
2410 disbursed through a special account with local warrant capability.  
2411
- 2412 C. The Child and Family Services Director of Finance will oversee disbursement of  
2413 the funds.  
2414

### 303.9 Federal Benefits And Eligibility

#### Major objectives:

- A. The caseworker will be responsible to identify and secure financial resources or benefits for which a child in the custody of Child and Family Services may qualify. This includes, but is not limited to, Title IV-E, Medicaid, Supplemental Security Income (SSI), Social Security (SSA), private health insurance, and tribal or private trust funds. These resources will be used to help support the child's care before state general funds are used, to the extent allowable by law.
- B. Child and Family Services will be responsible to determine Title IV-E eligibility for foster children in accordance with federal law and regulations and the state's Title IV-A plan that was in effect on July 16, 1996, as specified in the Child and Family Services' Title IV-E Eligibility Manual. The Department of Health delegates responsibility to Child and Family Services to determine Medicaid eligibility for most foster children in accordance with established Medicaid major objectives.
- C. The caseworker will be responsible to become payee for a foster child who receives SSI benefits as a result of the child's own disability or SSA benefits from the death or disability of the child's parent and to perform payee duties in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.
- D. The regional trust account custodian will be responsible to process and maintain client trust account records in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines.

#### **Summary of the Law**

No governing statute.

#### Practice Guidelines

- A. Title IV-E and Medicaid Eligibility Determination.
  - 1. An initial Title IV-E and Medicaid eligibility determination must be completed for every child in foster care by a Child and Family Services eligibility worker, and must be reviewed annually. An eligibility determination should also be completed for children removed from home

- 
- 2454 for which medical services were provided while in protective custody,  
2455 even if the child does not remain in custody after the shelter hearing.  
2456 2. Within 30 days of removal, the caseworker is responsible for completion  
2457 of the Title IV-E and Medicaid Eligibility Application. Extension of the  
2458 application time frame may be justified by circumstances outside of the  
2459 caseworker's control (such as delay in verification of citizenship from the  
2460 INS, inability to locate parents to obtain income and asset information, or  
2461 need for out-of-state birth certificate).  
2462 3. The caseworker is responsible to ensure that the eligibility worker receives  
2463 necessary supporting documentation required to complete the application  
2464 and review process, such as warrant for removal, petition for removal,  
2465 initial removal court order and subsequent orders with "reasonable efforts  
2466 to prevent removal " or "reasonable efforts to finalize the permanency  
2467 plan language," verification of parent income and assets, deprivation in  
2468 removal home, and completed annual review forms.  
2469 4. The caseworker is responsible to notify the eligibility worker of changes  
2470 that may affect a child's ongoing eligibility for Title IV-E or Medicaid  
2471 benefits, such as changes in placement, change in parental marital status  
2472 or household composition in the removal home, incarceration of a parent,  
2473 increase in child income or assets including amount in the child's trust  
2474 account for which the caseworker is payee, runaway, return home, or trial  
2475 home placement, and custody end.  
2476  
2477 B. Title IV-E Benefits.  
2478 1. When a child is determined "Title IV-E eligible," the federal government  
2479 will reimburse a portion of the agency's administrative and training costs  
2480 applicable to that child. When a child is also "Title IV-E reimbursable,"  
2481 the federal government will reimburse a portion of costs for foster care  
2482 maintenance payments while the child is placed in a qualified, licensed  
2483 foster family home, group home, or residential facility.  
2484 2. Foster care maintenance payments for a child in foster care may cover the  
2485 costs of food, clothing, shelter, daily supervision, school supplies, a child's  
2486 personal incidentals, liability insurance with respect to the child, and  
2487 reasonable travel to the child's home for visitation with family or other  
2488 caretakers. In the case of group homes or residential facilities, it may also  
2489 include the reasonable costs of administration and operation required to  
2490 provide for the normal maintenance needs for the child.  
2491 3. Foster care maintenance payments made on behalf of a youth placed in  
2492 foster care, who is the parent of a child in the same foster home or facility,  
2493 may also include supplemental funding to cover costs incurred on behalf

of the foster youth's child who resides in the same placement. If the foster youth is Title IV-E eligible and reimbursable, the child's supplemental payment will come from Title IV-E. If the foster youth is not Title IV-E eligible and reimbursable, the child's supplemental payment will come from state general funds or another allowable funding source. The child and family team must determine if it is in the best interests of the foster youth to cover the child's expenses with supplemental maintenance payments and whether payments will be paid to the foster youth or foster care provider. Supplemental funding for costs for the foster youth's child are paid for through the daily reimbursement code of BAB, which pays at the basic foster care rate. This code is opened under the name of the foster youth (mother). Any special needs costs required for the foster youth's child are also paid under the foster youth.

4. Title IV-E funds will be utilized for allowable expenses for an eligible and reimbursable foster child prior to state general funds or funds from other federal grants when the child is placed in a qualified, licensed foster home, group home, or residential facility. Title IV-E claims will be reduced by revenue collected from cost of care payments from a child's trust account or from child support collections.

C. Medicaid Benefits and Coverage for Health Care Needs Through MI706 Authorization.

1. The caseworker is responsible to notify the eligibility worker as soon as a child is placed in protective custody so that the eligibility worker can ensure that the child's health care needs can be covered immediately.
2. The eligibility worker will first determine if the child entered care with Medicaid coverage. If so, documentation of Medicaid eligibility will be provided to the caseworker and foster care provider to be taken with the foster child to any medical, dental, or mental health appointments. If the child is not Medicaid eligible, the eligibility worker will generate an MI706 authorization to establish a payment process for medical expenses through the Department of Health until Medicaid eligibility can be determined. Normally, the initial MI706 is authorized for 30 days. The MI706 form must also be taken with the foster child to any medical, dental, or mental health appointments.
3. The Medicaid State Plan specifies covered medical, dental, and mental health services for children in foster care. In most areas of Utah, medical needs of a foster child must be provided through a designated Health Maintenance Organization (HMO). The caseworker must ensure that the foster care provider understands the need to have the child's medical

services addressed by a provider within the designated HMO and of the importance of taking the child's health history information to all health care appointments.

4. If a Medicaid eligible child needs health care services not normally covered through Medicaid, the foster care provider or caseworker should coordinate with the regional fostering healthy children nurse to request a review through the health care provider and Department of Health to see if the service can be covered through Medicaid under CHEC (Utah's version of the EPSDT program). Through CHEC, medical service needs for children under the age of 21 years that have been diagnosed by a qualified provider should be able to be covered by Medicaid.
5. If it is not possible to get the needed non-Medicaid service covered under CHEC, the regional fostering health children nurse will prepare an MI706 authorization for the needed service. If the costs for the service will exceed \$500, the Region Director must approve the MI706.
6. If a foster child receives medical services that are not covered by Medicaid, or that are provided outside of an HMO or without required pre-authorization, and there is no prior MI706 authorization from the regional fostering health children nurse, the caseworker is responsible to complete the MI706 form and obtain Region Director authorization for the expense. Either the eligibility worker or nurse may submit the completed MI706 form to the Department of Health after completion.
7. If a foster child cannot qualify for Medicaid upon entry into foster care, such as a child not meeting citizenship requirements, the eligibility worker will continue to issue MI706 authorization periodically throughout the custody episode to ensure continuous health care coverage. If a child loses Medicaid eligibility after entering foster care, such as a child on a trial home placement, the regional fostering healthy children nurse staff will prepare an MI706 authorization for specific medical needs if the child does not have another resource to cover the costs, such as a client trust account or private health insurance.
8. A child leaving a placement that receives a foster care maintenance payment, such as a trial home placement, no longer qualifies for Foster Care Medicaid, but may qualify for another Medicaid program. The child and family team should plan for coverage for the child's health care needs prior to placement changes that affect Medicaid eligibility, including communicating with the eligibility worker early so that necessary information may be obtained from the parents to determine ongoing eligibility for Medicaid and so that the case may be transferred to

eligibility staff in the Bureau of Eligibility Services if the child's eligibility can continue.

D. Foster Children with SSI or SSA Income

1. When a child enters foster care, the caseworker must ask the child's parent or caregiver if the child is receiving SSI or SSA benefits. (SSI is received as a result of the child's own disability. SSA may be received due to the death or disability of the child's parent.)
2. The caseworker should also ask the parents about other sources of support designated for the child that could assist with the child's care such as Veteran's benefits, Railroad benefits, Indian Trust funds, insurance funds including health insurance coverage, or other private trust funds.
3. The caseworker is responsible to apply for benefits for a child who may qualify but is not receiving them. If a child is disabled, application should be made for SSI benefits. If a child's parent is deceased, application should be made for SSA benefits. Application is made through the Social Security Administration.
4. The caseworker is responsible to apply for the Department of Human Services to become protective payee for a foster child receiving SSI or SSA benefits. Payee application forms are available through the local Social Security Office and may also be available in the local Child and Family Services office. The caseworker should also apply for the Department to become payee for other regular benefit payments.
5. If a foster child is receiving services from both DSPD and Child and Family Services, the Child and Family Services caseworker will apply for the Department of Human Services to be the protective payee for the child. The DSPD provider will not be the payee (even though that is normal DSPD practice). In circumstances in which DSPD is paying for the treatment portion of the placement through Medicaid, such as under a Medicaid waiver, Child and Family Services must establish a process to pay for room, board, and special needs costs to the DSPD provider. The standard practice will be for the out-of-home caseworker to authorize the full SSI payment to go to the DSPD provider. The DSPD provider will be required to use the child's SSI funds in accordance with DSPD major objectives for use of child's SSI. The provider will document use of all funds in the Home-to-Home record, which the caseworker will review quarterly. When the annual report to the Social Security Administration is required to document use of the child's SSI, the caseworker will obtain the information for the report from the DSPD provider. If circumstances in

which the out-of-home caseworker determines that it is not appropriate to forward SSI funding to the DSPD provider, an individual provider contract will be established to pay for room, board, and special needs. The caseworker will then authorize Child and Family Services to be reimbursed for cost of care payments from the child's trust account on a monthly basis.

E. Caseworker Responsibility when Protective Payee for SSI or SSA Recipient

1. The caseworker is responsible to provide the regional trust account custodian with a written request to establish a new client trust account, on a form provided by the custodian, and a copy of the letter of approval of benefits from the granting agency, such as the Social Security Administration.
2. The caseworker is responsible to oversee use of funds in the child's client trust account and to request and authorize any payments made from the account on a form provided by the custodian. Caseworkers may not request payments from a child's client trust account exceeding the amount of funds available in the account.
3. The caseworker will follow Department client trust account major objectives and Practice Guidelines and Child and Family Services fiscal client trust account Practice Guidelines in requesting and authorizing payments from the trust account.
4. Funds from the account may be used only for the child's support while in Child and Family Services custody and for the child's personal needs and incidentals. The caseworker is responsible to request and authorize payments each month using the following precedence: (1) SSI payment to DSPD provider, when required; (2) payment for spend-down for Medicaid, if regional eligibility worker had indicated it is required and the child's medical expenses are in excess of the spend-down amount; or if spend-down is not justified and child is not Medicaid eligible, payment for the child's medical expenses; (3) personal needs funds of \$35, maintained in the account until needed; (4) payment for cost of care for costs specified in fiscal client trust account Practice Guidelines; and (5) any remaining funds to be maintained in the account for additional client needs allowable by the funding source and recommended by the child and family team. The Region Director or designee will approve in advance any expense from a client trust account exceeding \$500, other than payment for a DSPD provider, medical bill, Medicaid spend-down, or cost of care payment.

5. The caseworker is responsible to review the client's trust account monthly to ensure that the balance stays within limits for federal benefits. The child loses Medicaid eligibility for any month in which the balance exceeds \$2,000. When Medicaid eligibility is lost, in addition to cost of care, any medical costs or other special needs or incidentals for the child must be paid from the client trust account until the balance is below \$2,000.
6. If casework responsibility or court jurisdiction is being transferred for the foster child, it is the responsibility of the sending office to ensure that the benefits are transferred. A change of address for payee must be submitted to the appropriate agency (e.g., Social Security Administration, Veteran's Administration) notifying the agency of the address to which future checks should be mailed. In addition, funds and records from the existing account must be sent to the new region as specified in fiscal client trust account Practice Guidelines.

F. Trust Account Custodian Responsibility.

1. The regional trust account custodian will open a new client trust account in the Department Trust Accounting System when necessary documentation is received from the caseworker.
2. The custodian will maintain all trust account records and issue checks in accordance with Department client trust account major objectives and Practice Guidelines and Child and Family Services client trust account fiscal Practice Guidelines.
3. The custodian will provide a monthly report on each foster child's client trust account to the caseworker that is protective payee and to the eligibility worker.



### 303.10 Children In Foster Care Who Are Not U.S. Citizens

Major objectives:

Child and Family Services will seek to meet the support and health care needs of children in foster care and state custody regardless of their citizenship status.

#### Summary of the Law

- A. The citizenship status of a child in foster care may affect the child's eligibility for federal benefits such as Title IV-E foster care or adoption, Medicaid, and SSI.
- B. A child who is born outside of the United States (U.S.) to parents who are not U.S. citizens must have entered the U.S. prior to August 22, 1996 or meet qualified alien requirements in order to receive federal benefits.
- C. For certain immigration categories, a child must have lived in the U.S. for five years before qualifying for Medicaid. Health care needs for a child with a five-year waiting period for Medicaid must be covered through MI706 authorization until the five-year requirement is met.
- D. A child who is born outside of the U.S. to parents who are not U.S. citizens, and who entered the U.S. under an immigration category that does not meet qualified alien requirements, or who entered this country as an undocumented immigrant cannot qualify for federal benefits, including Medicaid, while in foster care or upon adoption, unless lawfully admitted to this country under a qualified alien, lawful permanent resident category.
- E. A child is a citizen if:
  - 1. Born in the U.S., the District of Columbia, Puerto Rico, Guam, Virgin Islands, Northern Mariana Islands, American Samoa, or Swain's Islands.
  - 2. The child is also a citizen if born outside of the U.S. to a parent who is a U.S. citizen.
  - 3. A child is naturalized through the INS after an adoption, or who met qualified alien (lawful, permanent resident) criteria when adopted by a U.S. citizen parent after February 27, 2001.
- F. U.S. citizenship can be verified by such records as a birth certificate, hospital records, church records, or tribal records.

Practice Guidelines

- A. Citizenship of the child is a factor that must be considered in the eligibility determination process.
- B. The caseworker is responsible to verify a foster child's citizenship upon entry into foster care.
- C. The regional eligibility worker will verify if the child meets qualified alien requirements based upon immigration documentation from Immigration and Naturalization Services provided by the caseworker.
- D. Health care needs must be covered through MI706 authorization for these children while in foster care.
- E. For a child born outside the U.S., the caseworker is responsible to obtain a copy of immigration documentation from the child's parents or caretakers and to provide it to the regional eligibility worker. The following information is needed:
  - 1. Copy of both sides of INS Form I-94 (often called green card).
  - 2. Documentation of date of entry into the U.S.
- F. For issues pertaining to immigration other than verification of qualified alien status by regional eligibility workers, contact the Immigration and Naturalization Service.

### 303.11 Facilitating Out-Of-State Travel For A Foster Child

Major objectives:

Child and Family Services will facilitate appropriate out-of-state travel for children in out-of-home placements with out-of-home caregivers for vacation, visiting relatives, or other group sponsored activities.

Child and Family Services will obtain approval of the child's parents and the juvenile court prior to authorizing out of state travel.

#### Summary of the Law

During the time the child is in the custody of the state, Child and Family Services has limited authority to act for the child. Under some circumstances, Child and Family Services must obtain approval from others with authority over the child before authorizing action by the child or their out-of-home care provider.

Out-of-state travel is one such instance. Parents retain limited rights regarding the child's travel and the court has authority to grant or deny travel regardless of the parents' position. The authority of Child and Family Services with regard to this decision is restricted by the court's and the parent's authority.

#### 78-3a-103. Definitions.

As used in this chapter:

....

(w) "Residual parental rights and duties" means those rights and duties remaining with the parent after legal custody or guardianship, or both, have been vested in another person or agency, including the responsibility for support, the right to consent to adoption, the right to determine the child's religious affiliation, and the right to reasonable parent-time unless restricted by the court. If no guardian has been appointed, "residual parental rights and duties" also include the right to consent to marriage, to enlistment, and to major medical, surgical, or psychiatric treatment.

#### 78-3a-119. Period of operation of judgment, decree, or order -- Rights and responsibilities of agency or individual granted legal custody.

....

(a) An agency granted legal custody may determine where and with whom the minor will live, provided that placement of the minor does not remove him from the state without court approval.

(b) An individual granted legal custody shall personally exercise the rights and responsibilities involved in legal custody, unless otherwise authorized by the court.

Practice Guidelines

The caseworker will request that the child's parent sign the Authorization for Out-of-State Travel (available on SAFE). If the parent refuses to sign, then approval must be obtained from the juvenile court.

If travel is approved by the parent, the Assistant Attorney General, Guardian ad Litem, and juvenile court will be given written notice of the out-of-state travel, which will include location where the child is traveling and that the parent has been consulted about the child's out-of-state travel.

The out-of-home caregiver will take the child's Medicaid card when taking the foster child out of state to ensure that any urgent medical needs can be met. The out-of-home caregiver should also take an adequate supply of any medications the foster child needs and the phone numbers for the child's regular or primary care physician.

Inform the out-of-home caregiver that if the child has an emergency medical need while outside of Utah, the out-of-home caregiver will obtain treatment immediately from a qualified health care provider. Follow Medicaid and HMO rules to notify the HMO, and/or Medicaid, as soon as possible, but no later than one week after the child received the treatment.

Inform the out-of-home caregiver that if the child has a non-emergency medical need while outside of Utah, the out-of-home caregiver will follow Medicaid and HMO rules to obtain prior authorization for the service from the HMO and/or Medicaid and identify a qualified provider willing to accept Utah Medicaid in order for Medicaid to cover the costs.

The out-of-home caregiver may request assistance from the fostering healthy children nurse to complete the prior authorization process and identify an appropriate health care provider.

Inform the out-of home caregiver that the foster child shall not be taken outside of Utah for medical treatment unless the specific treatment has been approved by Medicaid and arranged for by the fostering healthy children nurse.

## 303.12 Transportation

### Major objectives:

Children in Child and Family Services custody will be transported in safe, insured vehicles with seat belts and car seats.

### Summary of the Law

Utah law requires that children under the age of five years be properly secured in child safety seats when traveling in motor vehicles. Children between age five and 16 years must wear safety belts in motor vehicles.

### 41-6-181.5. Definitions.

As used in this article:

(1) "Child restraint device" means a child restraint device approved by the commissioner of the Department of Public Safety.

....

(3) "Safety belt" means a safety belt or seat belt system that meets standards set by the commissioner of the Department of Public Safety.

### 41-6-182. Driver and passengers -- Seat belt or child restraint device required.

(1) The driver of a motor vehicle operated on a highway shall:

(a) wear a properly adjusted and fastened safety belt;

(b) provide for the protection of each person younger than five years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and

(c) provide for the protection of each person five years of age up to 16 years of age by using an appropriate child restraint device to restrain each person in the manner prescribed by the manufacturer of the device or by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

A passenger who is 16 years of age or older of a motor vehicle operated on a highway shall wear a properly adjusted and fastened safety belt.

### Practice Guidelines

If an out-of-home care provider does not have an appropriate restraint device for a child given their age, one may be loaned to them. They may not be allowed to transport a child in the custody of Child and Family Services without an appropriate restraint device.

2862 Before a Child and Family Services worker transports a child in a vehicle, they must  
2863 ensure that the proper restraint device is in the vehicle and is installed correctly.  
2864

### 303.13 Region-To-Region Placements

Major objectives:

Region-to-region placements shall be planned to minimize transition difficulties and prevent a disruption of services.

#### Summary of the Law

No governing statute.

#### Practice Guidelines

A. Courtesy Supervision:

1. To request courtesy supervision, the worker will email the initial request to the sending region's Associate Region Director.
2. Attach the completed Courtesy Supervision Request Form. Include a brief description of history on the case and the current situation along with other information requested on the form.
3. The sending region's Associate Region Director will forward the request to the appropriate Associate Region Director in the prospective receiving region for approval.
4. The receiving region's Associate Region Director will notify the sending region's Associate Region Director of the decision to accept the request for courtesy supervision and provide the name of the courtesy worker and supervisor.
5. The primary worker shall contact the courtesy worker within five working days to provide case information. If the courtesy worker needs additional information, the courtesy worker may contact the primary worker.
6. The primary worker will add the courtesy worker to the case on SAFE.
7. As soon as the case has been assigned to the courtesy worker, the primary worker will arrange for a child and family team meeting. Both the primary worker and courtesy worker shall be present at the child and family team meeting. At this meeting the primary and courtesy worker's visitation plan with the child will be arranged. The roles of the primary and courtesy worker will also be discussed. [See: [Section 303.2](#), Caseworker Visitation With The Child.]
8. Throughout the duration of the case, the primary and courtesy worker shall be present at all child and family team meetings that may be held.
9. The primary worker is responsible for contacting on a monthly basis the courtesy worker and out-of-home caregiver as well as other professional

- 2904 members of the child and family team, such as the child's mental health  
2905 therapist and educators.  
2906
- 2907 B. Region-to-Region Case Transfers:
- 2908 1. The worker shall email the initial request to the sending region's Associate  
2909 Region Director.  
2910 2. Attach the completed Case Transfer Request Form. Include a brief  
2911 description of history on the case and the current situation along with  
2912 other information requested on the form.  
2913 3. The sending region's Associate Region Director shall forward the request  
2914 to the appropriate Associate Region Director in the prospective receiving  
2915 region for approval.  
2916 4. The receiving region's Associate Region Director shall notify the sending  
2917 region's Associate Region Director of the decision to accept the request for  
2918 case transfer and provide the name of the worker and supervisor.  
2919 5. A face-to-face transfer meeting between the two workers and their  
2920 supervisors shall be conducted on all case transfers  
2921 6. To assist with a smooth transition from region to region, a child and  
2922 family team meeting shall be conducted on all case transfers. The sending  
2923 worker is responsible for arranging this meeting.  
2924 7. If possible, the new worker shall attend the last child and family team  
2925 meeting in the sending region to become acquainted with the existing  
2926 team.  
2927 8. The caseworker shall notify the eligibility worker of the transfer in  
2928 advance to ensure continuous Medicaid coverage of the child, if eligible.  
2929 9. Within 30 days of the case being transferred to the new region, the new  
2930 worker shall arrange for a child and family team meeting, including any  
2931 new team members.  
2932 10. The case shall be reviewed via the qualitative assurance process (QA) on  
2933 the Internet just before the transfer meeting and a printed copy of the QA  
2934 form included with the case file. The hard file shall be ready to hand off at  
2935 the transfer meeting. The sending worker is responsible for all case  
2936 activities until the transfer is completed and all signatures are in place.  
2937 11. The sending region is responsible for ensuring that all work is completed  
2938 and up-to-date prior to the case transfer.  
2939



### 303.14 Obtaining A Driver's License

#### Major objectives:

Obtaining a driver's license is an important component to becoming an independent, self-supporting, and productive adult. Youth in Child and Family Services' custody should be provided the opportunity to complete driver's education and obtain a driver's license.

#### **Summary of the Law**

No governing statute.

#### Practice Guidelines

- A. Youth aged 15 and 6 months and older should be enrolled in driver's education at their local high school. A parent's signature is not required. Youth should be encouraged to take driver's education whether or not they have car insurance. A parent's signature is required for a practice permit. A practice permit allows the youth to drive with a licensed adult and receive the 30 hours of practice driving required for a license. When a parent signs the application for the practice permit they are assuming joint liability with the youth for damages resulting from the youth driving a motor vehicle.
- B. Caseworkers and foster parents are **not** authorized to sign for a practice permit or license.
- C. Special needs funds can be used to pay for driver's education.
- D. If a youth is unable to obtain a parent's signature and will turn 18 years of age while in custody, the caseworker will assist the youth with arranging for driver's education six months before their eighteenth birthday. The youth may obtain a driver's license without a parent's signature when they turn age 18.
- E. A private driving school may be used for youth who are unable to attend driver's education at the local high school due to scheduling conflicts, lack of availability of classes, or other reasons.

## 304 Services To Family

### Major objectives:

Child and Family Services provides services to parents or guardians to facilitate the child's return home or placement with a permanent family. These services shall be designed to maintain and enhance parental functioning, care, and familial connections.

### 304.1 Initial Contact With Parents

#### Major objectives:

During the initial contact with the parents, the out-of-home worker will explain the process of working with the parent while the child is in out-of-home care. This includes explaining the parent's residual rights, the rights of visitation or parent-time with the child, the child and family team, the functional assessment, the child and family plan, the transition plan, concurrent goals, long-term view, and non-negotiables. The out-of-home worker will also explain to the parents the role of the agency, the worker, the out-of-home caregiver, the team, and the court process.

#### Practice Guidelines

The worker shall contact the parents within five working days of receiving the case. While the child is in Child and Family Services custody, beginning when the child first comes into care, information will be provided to the child's parents which includes:

- A. Orientation to the out-of-home service and the child's need for a permanent, stable home.
- B. The importance of parental involvement and contact with the child and Child and Family Services.
- C. Expectations and time lines associated with participation or non-participation in service.
- D. Parental rights and responsibilities while the child is in care, including financial support.

When applying the above major objectives and practice guidelines, the following definitions should be kept in mind:

**Child and Family Team Meeting:**

A child and family team meeting is a gathering of family members, friends, community specialists, agency staff, and other interested people who join together to strengthen a family and protect its children.

**Teaming:**

The process of developing, having, and maintaining a child and family team with families, resource systems, and agencies to assist families in solving their problems and addressing their challenges through a strengths-based program.

**Functional Assessment:**

The definition taken from the Qualitative Review Protocol is: Assess current, obvious, and substantial strengths and needs of the child and family that are identified through existing assessments, both formal and informal. This collection of information should form a big picture understanding of the child and family and how to provide effective services for them. A functional assessment also identifies critical underlying issues that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home.

**Permanency Plan:**

A permanency plan is a written guide to obtaining specific outcomes and objectives for a child and family. A permanency plan assembles supports, services, and interventions into a holistic and coherent service process that provides a mix of elements uniquely matched to the child and family situation and preferences.

**Transition Plan:**

A transition plan documents the process to achieve the child and family plan's long-term view, anticipate transitions, and consider the necessary steps to achieve successful change. Transitions are internal processes that a family experiences and must manage in order to be successful as they move through the process of change. Examples of typical transitions include: removal, change in placement, change in school, change in caseworker, change in therapist, reunification, case closure, graduation, independent living, agency transfers, loss of family, and adoption.

**Concurrent Permanency Goal:**

Utah statute requires a concurrent permanency goal for the child, and the reason for selecting that goal in every "treatment plan" when the child enters the temporary custody of Child and Family Services. Specifically, Utah Code Ann. [§78-3a-311.b.i](#) states that the concurrent permanency goal "shall include a representative list of the conditions under which the primary permanency goal will be abandoned in favor of the

concurrent permanency goal and an explanation of the effect of abandoning or modifying the primary permanency goal.”

**Long-Term View:**

Long-term view is looking at the current situation and seeing how it will affect the whole picture now and in the future. It includes considering how the current picture needs to be changed or altered to achieve the future circumstances that are needed or desired.

**Non-negotiables:**

Those issues dealing with the child’s safety and well-being, orders from the court or statutes that prescribe specific actions by Child and Family Services.

## **304.2 Child And Family Contact**

### Major objectives:

Child and Family Services will make efforts to engage parents in continuing contacts with their child, whether through visitation, phone, or written correspondence. This will include efforts to engage the parents in appropriate parenting tasks such as attending school meetings, etc. Child and Family Services staff will recognize child and family contact as a right for both the parent and the child.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Refer to [Section 303.1](#), Visitation With Familial Connections.
- B. Exceptions to contact are limited to:
  - 1. When contraindicated by the law, court finding, the child's safety, or the child's best interests.
  - 2. When parental rights are terminated.
  - 3. When the biological parent's declining health precludes such efforts in the case of a terminally ill, unresponsive parent. However, engagement of the parents is to occur whenever possible and may still occur in some cases where the parents are in declining health or when rights have been terminated.

### 304.3 Ongoing Contact Between Parents And Worker

#### Major objectives:

The caseworker will engage the parents in the child and family team process. The worker will have regular contact with the parents to facilitate progress toward goal achievement. The worker, at a minimum, will visit the parents one time per month or as determined by the needs of the parents and the child and family team.

#### **Summary of the Law**

No governing statute.

#### Practice Guidelines

- A. The caseworker and the parent will arrange contacts at locations that assist with monitoring their progress and facilitate meeting their needs. This can be accomplished through a variety of means, such as:
  1. At the parents own home.
  2. At a child and family team meeting.
  3. At family therapy.
  4. Before or after a visit between the child and the family.
  5. At a location where the social worker can model how to obtain resources and services (i.e. the Department of Workforce Services, the child's school, physician's office, housing authority, etc.).
- B. If a face-to-face visit cannot take place for the month, the caseworker will engage the parent through phone contact or written correspondence.
- C. With the parent, the caseworker will:
  1. Review the child and family plan.
  2. Assist the parent in attaining needed resources (i.e., securing housing, transportation, etc.).
  3. Affirm progress and address concerns.
  4. Discuss the family and child's separation and loss issues.
  5. Examine other issues related to the delivery of services to identify and remove or reduce barriers to the attainment of those services.
  6. Discuss any medical, dental, or mental health needs or appointments for the child.

#### **304.4 Wrap-Around Services**

Major objectives:

Wrap-around services shall be provided to the child and family and will be crafted by the child and family team based on the assessed needs and resources.

#### **Summary of the Law**

No governing statute.

#### Practice Guidelines

The child and family team will explore with the family different levels of support such as informal, formal, and use of flexible funding to craft and meet the needs of the family. Examples of wrap-around services are:

- A. Peer parenting. [See: [Section 309](#), Peer Parenting Services.]
- B. Child care.
- C. Home health aide services.
- D. Parenting education.
- E. Respite care.
- F. Transportation services for visitation.
- G. Vocational or educational assistance.
- H. Mental health and/or substance abuse assessment and treatment.
- I. Housing referral and assistance.

## 304.5 Financial Support For Children In Out-Of-Home Care

### Major objectives:

To encourage parental responsibility and involvement, families are expected contribute financially to the support of their children while in out-of-home care as required by state and federal law [USC 671(a)(17)].

### **Summary of the Law**

UCA 78-3a-906. Child support obligation when custody of a minor is vested in an individual or institution.

(1) When legal custody of a minor is vested by the court in a secure youth corrections facility or any other state department, division, or agency other than his parents, the court shall order the parents, a parent, or any other obligated person to pay child support for each month the child is in custody. In the same proceeding the court shall inform the parents, a parent, or any other obligated person, verbally and in writing, of the requirement to pay child support in accordance with Title 78, Chapter 45, Uniform Civil Liability for Support Act.

(2) If legal custody of a minor is vested by the court in a secure youth corrections facility, or any other state department, division, or agency, the court may refer the establishment of a child support order to the Office of Recovery Services. The referral shall be sent to the Office of Recovery Services within three working days of the hearing. Support obligation amounts shall be set by the Office of Recovery Services in accordance with Title 78, Chapter 45, Uniform Civil Liability for Support Act.

UCA 62A-4a-114. Financial reimbursement by parent or legal guardian.

(1) The division shall seek reimbursement of funds it has expended on behalf of a child in the protective custody, temporary custody, or custody of the division, from the child's parents or legal guardians in accordance with an order for child support under Section 78-3a-906.

(2) The parent or legal guardian is only responsible for child support with regard to a case involving allegations of abuse or neglect against the parent or legal guardian if those allegations are substantiated or found by a court after adjudication.

(3) The Attorney General shall represent the division in any legal action taken to enforce this section.

### Practice Guidelines

A. Utah law mandates that all parents are responsible for the support of their minor children.



- 3204
- 3205 B. The parent or guardian is to meet with the Office of Recovery Services within 10
- 3206 days of the shelter hearing to begin the process of providing financial support
- 3207 while their child is in out-of-home care.
- 3208
- 3209 C. The caseworker should verify that this occurs.
- 3210
- 3211 D. In cases where the court has permanently terminated the parent's rights to their
- 3212 children, the parents have no obligation to pay child support.
- 3213

## 304.6 Good Cause Deferral/Waiver Process

### Major objectives:

In situations in which the present family has been encumbered by an unpreventable loss of income or extraordinary and necessary expenses not considered at the time the order of child support was established, the caseworker may join with the family to request the Office of Recovery Services to postpone or waive collection of current or past-due child support.

### **Summary of the Law**

UCA 62A-11-404. Office Practice Guidelines for income withholding for orders issued or modified on or after October 13, 1990.

(1) With regard to obligees or obligors who are receiving IV-D services, each child support order issued or modified on or after October 13, 1990, subjects the income of an obligor to immediate income withholding as of the effective date of the order, regardless of whether a delinquency occurs unless:

(a) the court or administrative body that entered the order finds that one of the parties has demonstrated good cause not to require immediate income withholding; or

(b) a written agreement that provides an alternative arrangement is executed by the obligor and obligee, and by the office, if there is an assignment under Section 35A-3-108, and reviewed and entered in the record by the court or administrative body.

(2) For purposes of this section:

(a) "good cause" shall be based on, at a minimum:

(i) a determination and explanation on the record by the court or administrative body that implementation of income withholding would not be in the best interest of the child; and

(ii) proof of timely payment of any previously ordered support;

(b) in determining "good cause," the court or administrative body may, in addition to any other requirement that it determines appropriate, consider whether the obligor has:

(i) obtained a bond, deposited money in trust for the benefit of the dependent children, or otherwise made arrangements

sufficient to guarantee child support payments for at least two months; and

(ii) arranged to deposit all child support payments into a checking account belonging to the obligee or made arrangements insuring that a reliable and independent record of the date and place of child support payments will be maintained.

(3) An exception from immediate income withholding shall be:

(a) included in the court or administrative agency's child support order; and

(b) negated without further administrative or judicial action:

(i) upon a delinquency;

- (ii) upon the obligor's request; or
- (iii) if the office, based on internal Practice Guidelines and standards, or a party requests immediate income withholding for a case in which the parties have entered into an alternative arrangement to immediate income withholding pursuant to Subsection (1)(b).
- (4) If an exception to immediate income withholding has been ordered on the basis of good cause under Subsection (1)(a), the office may commence income withholding under this part:
- (a) in accordance with Subsection (3)(b); or
- (b) if the administrative or judicial body that found good cause determines that circumstances no longer support that finding.
- (5) (a) A party may contest income withholding due to a mistake of fact by filing a written objection with the office within 15 days of the commencement of income withholding under Subsection (4).
- (b) If a party contests income withholding under Subsection (5)(a), the office shall proceed with the objection as it would an objection filed under Section 62A-11-405.
- (6) Income withholding implemented under this section is subject to termination under Section 62A-11-408.
- (7) (a) Income withholding under the order may be effective until the obligor no longer owes child support to the obligee.
- (b) Appropriate income withholding Practice Guidelines apply to existing and future payers and all withheld income shall be submitted to the office.

Practice Guidelines

Refer to the Appendix for the Good Cause Deferral/Waiver Criteria and Good Cause Deferral/Waiver Process.

## **305. Child and Family Services Relationship With Out-Of-Home Caregivers**

### Major objectives:

Out-of-home caregivers have the responsibility of providing daily care, supervision, protection, and experiences that enhance the child's development. Individuals approved and selected to provide out-of-home care will have the experience, personal characteristics, and temperament necessary to work with children and their biological families.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Out-of-home Caregiver Responsibilities. For all types of placement, to provide for the health, well-being, and safety of children in their home, out-of-home caregivers will:
1. Integrate children into their household as equal members by providing a pleasant, safe, and nurturing family atmosphere.
  2. Provide activities that enhance physical, cognitive, social, and emotional development; teach problem solving skills; and act as positive role models.
  3. Commit to keep the child without disruption until permanency has been accomplished by using available supports to prevent disruption.
  4. Use constructive discipline as approved by the child and family team. Use of corporal punishment, physical or chemical restraint, infliction of bodily harm or discomfort, deprivation of meals, rest, or visits with family, or humiliating or frightening methods to control the actions of children is never allowed.
  5. Maintain confidential information that is disclosed within the child and family team. Out-of-home caregivers may share information with team members providing services to the child such as medical professionals, therapists, school personnel, etc.
  6. Out-of-home care providers who participate in cluster support groups must also abide by the cluster confidentiality agreement. Violation of confidentiality may result in corrective action, suspension, or revocation of foster care licensure.
  7. Furnish nutritious meals and snacks.

- 3320 8. Plan orderly daily schedules that promote positive participation in  
3321 appropriate developmental, school, and community activities.
- 3322 9. Provide the opportunity for religious observance in the faith of the child  
3323 and family's choice.
- 3324 10. Arrange culturally responsive opportunities for participation in activities  
3325 consistent with the child's ethnic and cultural heritage.
- 3326 11. Actively participate in the development and the implementation of the  
3327 child and family plan.
- 3328 12. Make the child available for parent-child visits and/or sibling visits with  
3329 the schedule negotiated by the child and family team. Visitation may not  
3330 be contingent upon the child's behavior.
- 3331 13. Encourage children to maintain and develop positive relationships and  
3332 connections with parents as determined by the permanency goal and help  
3333 prepare children to return home, be adopted, live independently, or be  
3334 transitioned to another placement.
- 3335 14. Keep informed of all pertinent information regarding the child's current  
3336 medical or dental status, mental health, educational progress, and social  
3337 skills, and observe and document information regarding the child's  
3338 behavior, problems, feelings, and adjustment in the foster home.
- 3339 15. Keep records of dates of placement, billings, payments, any receipts for  
3340 items and services purchased for the child, and other financial matters.
- 3341 16. Maintain and keep current the Home-to-Home Book and take medical  
3342 records from the book for medical appointments to assure continuity of  
3343 health care.
- 3344 17. In conjunction with the caseworker and health care team, see that medical  
3345 treatment is properly provided, accompany the child to all medical  
3346 examinations, encourage the child's parent to attend health care visits,  
3347 consult with health care providers, and ensure that health care, treatment,  
3348 and follow-up care are provided according to the schedule recommended  
3349 by the child's health care providers.
- 3350 18. Secure, administer, and maintain medications for the child.
- 3351 19. Document the use of medication including when it is administered and by  
3352 whom, missed doses, and appointments related to medication  
3353 management, including missed or cancelled visits, in the Home-to-Home  
3354 Book.
- 3355 20. Keep prescribed and over-the-counter medication locked and properly  
3356 labeled (name of person, dosage, name of medication, physician,  
3357 expiration date, and prescription number).
- 3358 21. Document the effects of medications and share with the child's doctor and  
3359 family team.

- 
- 3360 22. Follow universal precautions when dealing with blood, urine, saliva, and  
3361 feces and follow written instructions for the disposal of medication,  
3362 syringes, or medical waste.
- 3363 23. Be involved in the planning and monitoring of the child's mental health  
3364 treatment.
- 3365 24. Be responsible for monitoring and assisting in children's educational  
3366 process including helping with homework, attending parent/teacher  
3367 conferences, participating in the development of Individual Education  
3368 Plans (IEPs), and alert the caseworker to any unmet educational needs.
- 3369 25. Give input, attend and participate in the child and family team, reviews  
3370 and other important meetings; *or* provide written comments prior to the  
3371 review date or participate by telephone if unable to attend reviews or  
3372 meetings.
- 3373 26. Provide transportation to school and related activities, medical and dental  
3374 appointments, mental health therapy, visitations, court hearings, reviews,  
3375 religious activities, and other routine personal or family activities as  
3376 negotiated by the child and family team.
- 3377 27. Use clothing allowance and monthly out-of-home payments as allocated  
3378 for new clothing (not secondhand) or diapers. It is acceptable for an out-  
3379 of-home caregiver to sew the child's clothing if there is no charge for the  
3380 labor. A child's wardrobe may be supplemented with previously worn  
3381 clothing if in good repair and without charge to the agency.
- 3382 28. Be an advocate for children in their care.
- 3383 29. Alert the caseworker of any special or unmet needs of the child.
- 3384 30. Report any significant change in the child or parent's circumstances, or of  
3385 any serious or repeated behavioral problems of the child.
- 3386 31. Immediately report any accidents, injuries, criminal and delinquent  
3387 activities, or other emergency situations.
- 3388 32. Report substantial changes in the home composition to the caseworker  
3389 and Office of Licensing.
- 3390 33. Actively seek in-service training opportunities that promote the  
3391 development of parenting skills and keep a record of in-service training  
3392 attended.
- 3393
- 3394 B. Out-of-Home Caregiver Training Requirements.
- 3395 1. Requirements for training: An out-of-home caregiver will successfully  
3396 complete:
- 3397 a. An initial consultation to clearly delineate duties for out-of-home  
3398 caregivers prior to participation in the program.

- 
- b. For initial licensure, completion of pre-service training for all out-of-home caregivers, which addresses providing appropriate care for children, and additional in-service training hours each year for licensure renewal. Pre-service classes include information about:
- i. Orientation and Team Building; Child and Family Services Major objectives and Procedure, Licensing Rules, Medical; Abuse and Neglect, Child Sexual Abuse; Impacts of Abuse on the Child Development; Attachment, Separation, Grief, and Loss; Discipline & Effects of Caregiving on the Family; Cultural Issues, Primary Families; and Adoption Issues;
  - ii. Rights and responsibilities as caregivers and the partnership role with Child and Family Services in providing services to the child and family;
  - iii. Responding to the individual needs of children placed in their home, including the needs of abused and neglected children and the importance of the cultural and ethnic contexts for service;
  - iv. Sensitive and responsive practices to use with the biological parents, which address issues such as involving them in decisions about their children's lives, encouraging visits, and ways to maintain the parent-child relationship (unless contraindicated by the service plan);
  - v. The use of out-of-home care as a temporary intervention, except when planned alternative living arrangements have been clearly determined to be the appropriate plan for therapeutic reasons, or when adoption or guardianship by the kin or out-of-home caregivers has become the plan;
  - vi. Circumstances that terminate the caregiving relationship and informs them regarding appeal Practice Guidelines, which gives them notice and opportunity to be heard in any review or hearing regarding the child;
  - vii. Accessing, via the Child and Family Services eligibility process and staff, government payments on behalf of the child, including Medicaid cards, social security, and other public assistance; and
  - viii. The organization's major objectives on compensation for damages done by children placed in their care.
- c. Reimbursement for services commensurate with the cost of maintaining the child, the special needs of the child; rates of comparable organizations; and the standard of living in the

- 3439 community, with respect to recreational, social, and education  
3440 activities.
- 3441 d. An affirmation of compliance with Utah Code Ann. [§78-30-9](#) for  
3442 Prospective Foster or Adoptive Parent(s) [effective May 1, 2000].
- 3443 e. Once licensed, the names and identifying information of out-of-  
3444 home caregivers may be shared with the Assistant Attorney  
3445 General, the Guardian ad Litem, the Utah Foster Care Foundation,  
3446 Resource Family Cluster Groups, the Utah Foster Adoptive Family  
3447 Association, the Department of Health, the child's primary health  
3448 care providers, and the Foster Care Citizen Review Board.
- 3449
- 3450 C. All other licensing requirements for the home must be met and maintained.  
3451 Refer to the Office of Licensing Rules, Child Foster Care [R501-12](#). Requirements  
3452 for licensure may include but are not limited to:
- 3453 1. A BCI criminal records check and a check of the state's child abuse  
3454 registry for all adults, 18 years or older, residing in the home.
- 3455 2. A Resource Family Assessment will be completed by the Office of  
3456 Licensing or other approved contractor using the standardized family  
3457 assessment format. This includes references, a medical reference letter  
3458 completed by a licensed health care professional, and a mental health  
3459 evaluation if needed.
- 3460



## 305.1 Services To Out-Of-Home Caregivers

### Major objectives:

Child and Family Services will provide support to the out-of-home caregiver to ensure that the child's needs are met, prevent unnecessary placement disruption, and address needs of the out-of-home caregiver. The out-of-home caregiver is a member of the child and family team.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Caseworker Contact with Out-of-Home Caregivers. The caseworker will visit the home of the out-of-home caregiver at a minimum one time per month with the goal to establish and maintain a working relationship. The caseworker will have at a minimum one additional contact per month with the out-of-home caregiver. The outcomes of these contacts are:
  1. Assess strengths, needs, and progress of the caregiver and the child.
  2. Share information and resources.
  3. Brainstorm with the caregiver regarding current issues pertaining to caring for the child and working towards the permanency goal.
  4. Review with the caregiver the Home-to-Home Book on a quarterly basis.
- B. Facilitating Caregiver/Family Contact. The caseworker will assist the out-of-home caregiver in developing and maintaining a working relationship with the child's parents, in accordance with the child and family plan and permanency goals.
  1. Out-of-home caregivers, the caseworker, the child, and the family will engage in a private face-to-face meeting within the first two weeks of placement and at least once a month thereafter or as needed to build the relationship.
  2. The caseworker will encourage the out-of-home caregiver to initiate and maintain contact with the child's parents to share information about the child and facilitate familial connections.
- C. Access to Major objectives and Practice Guidelines. Out-of-home caregivers will have access to review the Child Welfare Manual and have any relevant major objectives explained by agency personnel.

- 
- 3500 1. During pre-service training, all families will receive a Resource Family  
3501 Major objectives and Practice Guidelines.
- 3502 2. Annually, to renew their license, all resource families will participate in a  
3503 major objectives "refresher" course and receive a current Resource Family  
3504 Major objectives and Practice Guidelines.
- 3505 3. Child and Family Services will make available, in any office, the Child  
3506 Welfare Manual, and offer an explanation of any major objectives  
3507 requested.
- 3508 4. The Child and Family Services Child Welfare Manual will be available  
3509 over the Department of Human Services Internet web page.  
3510
- 3511 D. Mileage Reimbursement. Licensed out-of-home caregivers will be reimbursed  
3512 for the mileage incurred for the following activities:
- 3513 1. Visitation: Mileage will be reimbursed to transport a child in out-of-home  
3514 care to and from visits with parents, siblings, or other relatives/  
3515 caregivers.
- 3516 2. Case-Related Activities: Mileage will be reimbursed to and from child and  
3517 family team meetings, reviews, court activities, case planning, staffings,  
3518 and placement transitions.
- 3519 3. Routine trips are not reimbursable, i.e. travel to the store, shopping center,  
3520 a friend's house, the school, or to recreational activities.
- 3521 4. If transporting more than one child at the same time, mileage will only be  
3522 submitted for one child.
- 3523 5. Other Essential Activities: Reimbursement is also available for mileage to  
3524 and from caseworker approved essential, extraordinary activities such as  
3525 school attendance outside of neighborhood boundaries, for youth bus  
3526 pass, and for agency payments to parents to visit their child in foster care.
- 3527 6. Medical Miles: Mileage will be reimbursed to transport the child to and  
3528 from medical, dental, and mental health appointments. A provider's  
3529 signature or stamp is required on the mileage reimbursement form.  
3530
- 3531 The out-of-home caregiver will document all reimbursable mileage claims on the  
3532 appropriate Child and Family Services form that includes odometer readings,  
3533 purpose of travel, and destination.  
3534
- 3535 Mileage claims will be submitted monthly for reimbursement.  
3536

## 305.2 Respite And Child Care Options

### Major objectives:

Out-of-home caregivers will have temporary relief from the day-to-day parenting responsibilities of the child placed in their care to prevent placement disruption or burnout. Options for temporary respite include paid respite, non-paid respite, child care, and babysitting.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

A. Respite Care: Respite care is alternative care with another licensed out-of-home caregiver.

1. All out-of-home caregivers will receive 12 paid respite days per calendar year. Out-of-home caregivers must have at least one foster child in their home for a period of 15 days during a calendar month to accrue one respite day. Regardless of the number of foster children in the home, not more than one day per month may be accrued. One respite day covers all the foster children in the home at the time for respite day.
2. If out-of-home caregivers choose not to use their respite each month, a maximum of 12 days of respite per year may be accumulated.
3. Accumulated days must be used during the calendar year.
4. Qualifications of a paid respite caregiver are:
  - a. A licensed foster home with openings, or a licensed respite care home/facility.
  - b. A state-licensed day care provider.
  - c. A respite caregiver who is qualified by Child and Family Services to provide care in the out-of-home caregiver's home (see below).
5. A paid respite provider is subject to the same confidentiality requirements as other respite or foster care providers and may not take more children than they are licensed for.
6. The out-of-home caregiver will provide the respite caregiver with medical and other critical information about the child and specific instructions for the care and supervision of the child on a completed Respite Care Fact Sheet. If the child is going to be with a respite caregiver for more than one day, the out-of-home caregiver will also provide the respite caregiver with the child's Placement Information Record.

- 
- 3576 7. To be a paid respite caregiver in the out-of-home caregiver's home, the  
3577 applicant will complete a Resource Family Application including the  
3578 names of four non-relative references. Reference letters must be received  
3579 prior to approval. The provider shall meet the following criteria:  
3580 a. Will be at least 21 years of age or older.  
3581 b. Will be in good health and emotionally stable.  
3582 c. Will not be on probation, parole, or under indictment for a criminal  
3583 offense and shall have not have a history of crimes against children  
3584 which shall be verified by a BCI check and query of the SAFE  
3585 system.  
3586 d. Will keep verbal or written information shared with them  
3587 confidential and shall sign a Out-of-home caregiver Confidentiality  
3588 Form.
- 3589 8. Payment of Respite Care: The payment rate for respite care is equal to the  
3590 payment that the primary out-of-home caregiver currently receives.  
3591
- 3592 B. Non-paid Respite:
- 3593 1. An out-of-home caregiver may arrange with another licensed out-of-home  
3594 caregiver to provide temporary care for foster children in care and pay  
3595 them directly for those services.
- 3596 2. An out-of-home caregiver may exchange children with another out-of-  
3597 home caregiver for short periods of time with approval from the resource  
3598 family consultant or the child's caseworker.  
3599
- 3600 C. Child Care/Babysitting:
- 3601 1. Child and Family Services does not pay for child care/babysitting for  
3602 children in an out-of-home placement. Out-of-home caregivers are  
3603 responsible for the cost of child care or babysitting for the children placed  
3604 in their home.
- 3605 2. Region Directors may grant approval in special circumstances upon  
3606 written request from the caseworker.
- 3607 3. Out-of-home caregivers are responsible to ensure that children in their  
3608 care are always under proper supervision. They may hire responsible  
3609 babysitters for short periods of time. Any overnight babysitting  
3610 arrangements must be approved by Child and Family Services. A SAFE  
3611 database check must be completed on the adult(s) who will be responsible  
3612 for supervision.
- 3613 4. As with respite care, out-of-home care providers will provide specific  
3614 instructions on how to care for the child and the child's specific needs  
3615 prior to providing child care, which is particularly critical in cases where

the foster child is medically fragile, on medication, or experiencing behavioral or emotional problems that require special care and supervision.

D. Requesting Respite:

1. To facilitate continuity of care and minimize disruption for the child, whenever possible, respite care is to be planned in advance using providers known to the child and family.
2. Each out-of-home caregiver for Child and Family Services will identify at least two individuals who agree to provide respite and/or child care when needed.
3. The out-of-home caregiver is responsible to inform Child and Family Services of any temporary changes in the child's placement. The out-of-home caregiver shall submit an application for respite care to the caseworker or supervisor 72 hours in advance unless an emergency situation exists.

E. Responsibilities of Respite and Child Care Providers:

1. The provider will ensure that the child attends all necessary appointments while in respite care/child care such as school, visitation with parents, court, and medical and mental health appointments.
2. The respite/child care provider will inform the primary out-of-home caregiver of any issues or concerns relating to the child. If the child has a medical or other emergency, the respite caregiver shall contact the out-of-home caregiver or worker immediately.

F. Responsibilities of Child and Family Services:

1. In situations where out-of-home caregivers are unable to identify their own respite provider, the resource family consultant will assist in identifying an appropriate respite option upon receipt of a request.
2. The resource family consultant will maintain a list of respite caregivers in the region.
3. The resource family consultant will ensure that the respite caregiver is licensed or meets standards and requirements (see above).
4. Respite caregivers shall be introduced to the child prior to placing the child in respite. If respite is to take place outside the child's current placement, then the child should be taken on a tour of the respite home and have an opportunity to ask questions prior to the respite experience.
5. The child's resource family consultant will verify that the out-of-home caregiver provides instruction and information to the respite caregiver.

- 3656           6.     Respite caregivers shall be paid by Child and Family Services as  
3657                     authorized by the caseworker. A payment is made using the One-Time  
3658                     Payment Form without a decrease in the child's monthly maintenance  
3659                     payments made to the out-of-home caregiver. Licensed respite out-of-  
3660                     home caregivers may only accept placements at the level or lower for  
3661                     which they are licensed and trained.
- 3662
- 3663     G.     Each Child and Family Services region is responsible to track the use of respite  
3664             care and expenditures.
- 3665

### 305.3 Rights Of Out-Of-Home Caregivers

#### Major objectives:

As described in Utah Code Ann. [§62A-4a-206](#), a foster parent has a right to due process when a decision is made to remove a child from a foster home if the out-of-home caregiver disagrees with the decision, except:

- A. If the child is being returned to the parent or legal guardian.
- B. The child is removed for immediate placement in an approved adoptive home.
- C. The child is placed with a relative as defined in Utah Code Ann. [§78-3a-307\(5\)\(d\)](#) who obtained custody or asserted an interest in the child within the 120-day preference period in Utah Code Ann. [§78-3a-307\(8\)](#).
- D. An Indian child placed in accordance with U.S. Code 25 Chapter 21 Subchapter 1915 Placement of Indian Children.

### Summary of the Law

#### Due Process/Conflict Resolution

#### Foster Parent Conflict Resolution Procedure.

#### R512. Human Services, Child and Family Services.

#### R512-31. Foster Parent Due Process.

##### R512-31-1. Due Process Rights.

A. As authorized by Section 62A-4a-206, a foster parent has a right to due process when a decision is made to remove a child from a foster home if the out-of-home caregiver disagrees with the decision, except if the child is being returned to the parent or legal guardian, or the child is removed for immediate placement in an approved adoptive home or the child is placed with a relative as defined in Section 78-3a-307(5)(d) who obtained custody or asserted an interest in the child within the 120 day preference period in Section 78-3a-307(8), or an Indian child placed in accordance with U.S. Code 25 Chapter 21 Subchapter 1915 Placement of Indian Children.

##### R512-31-3. Notice to Foster Parents.

A. A foster parent shall be notified that a foster child in the out-of-home caregiver's care is to be moved to another placement ten days prior to removal, unless there is a reasonable basis to believe that immediate removal is necessary, as specified

in R512-31-3.D. The Foster Parent shall be notified by personal communication and by Notice of Agency Action.

B. The Notice of Agency Action shall be sent by certified mail, return receipt requested, or personally delivered.

C. In addition to requirements specified in Section 63-46b-3, the Notice of Agency Action shall include the date of removal, the reason for removal, a description of the foster parent conflict resolution procedure, and notice regarding the right of the out-of-home caregiver to petition the juvenile court directly if the child has been in the foster home for 12 months or longer in accordance with Section 78-3a-315. The juvenile court may not be petitioned directly if the child is being returned to the parent or legal guardian, or the child is removed for immediate placement in an approved adoptive home or the child is placed with a relative as defined in Section 78-3a-307(5)(d) who obtained custody or asserted an interest in the child within the 120 day preference period in Section 78-3a-307(8), or an Indian child placed in accordance with U.S. Code 25 Chapter 21 Subchapter 1915 Placement of Indian Children.

D. If there is a reasonable basis to believe that the child is in danger or that there is a substantial threat of danger to the health or welfare of the child, the notification to the foster parent may occur after removal of the child. Notification shall be provided through personal communication on the day of removal and by Notice of Agency Action. The Notice of Agency Action shall be sent by certified mail, return receipt requested, within three working days of removal of the child.

#### **R512-31-4. Request for Due Process.**

A. The foster parent shall submit a written request for a hearing prior to removal of the child from the home, unless the child was removed as specified in R512-31-3.D. The request shall be sent to the entity specified in the Notice of Agency Action.

B. If the child was removed as specified in R512-31-3.D, the foster parent shall submit a written request for a hearing no later than ten days after receiving the Notice of Agency Action.

C. Prior to a hearing being granted, an attempt to resolve the conflict shall be made as specified in R512-31-5.A.1 and R512-31-5.A.2.

#### **R512-31-5. Foster Parent Conflict Resolution Procedure.**

A. The Foster Parent Conflict Resolution Procedure consists of the following:

1. A foster parent must first attempt to resolve a conflict with the Division informally through discussion with the caseworker or supervisor. If a conflict is not resolved through informal discussion, the foster parent may request an agency conference.

2. The foster parent shall have the opportunity to present their information and concerns to the Division in an agency conference chaired by the regional director or



designee. The agency conference shall include the foster parent, foster care caseworker and the caseworker's supervisor, and may include other individuals at the request of the foster parent or caseworker.

3. If the foster parent is not satisfied with the results of the agency conference with the Division and a foster child is to be removed from the foster home, an administrative hearing shall be held through the Department of Human Services, Office of Administrative Hearings. The Office of Administrative Hearings shall serve as the neutral fact finder required by Subsection 62A-4a-206(2)(b)(ii).

4. If the foster parent conflict is based upon an issue other than removal of a child, and the conflict is not satisfactorily resolved by an agency conference with the Division, the foster parent may address the concern with the Office of the Child Protection Ombudsman and the Consumer Hearing Panel in accordance with R512-70 and R512-75.

#### **R512-31-6. Administrative Hearing.**

A. An administrative hearing regarding removal of a child from a foster home for another placement shall be conducted in accordance with R497-100. The Administrative Law Judge shall determine if the Division has abused its discretion in removing the child from the foster home, i.e., the decision was arbitrary and capricious.

B. If there is a criminal investigation of the foster parent in progress relevant to the reason for removal of the child, no administrative hearing shall be granted until the criminal investigation is completed and, if applicable, charges are filed against the foster parent.

#### **R512-31-7. Removal of a Foster Child**

A. The foster child shall remain in the foster home until the conflict resolution procedure specified in R512-31-5 is completed, unless the child was removed as specified in R512-31.3.D. The time frame for the conflict resolution procedure shall not exceed 45 days.

1. If the child was removed as specified in R512-31.3.D., the child shall be placed in emergency foster care until the conflict is resolved or a final determination is made by the Office of Administrative Hearings as required by Subsection 62A-4a-206(2)(c).

## **306. Emergencies And Serious Situations**

### Major objectives:

Serious and potentially dangerous situations require an appropriate and timely response to protect children and ensure the safety of all parties involved.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

The caseworker will take the following actions for all emergency or serious situations:

- A. Notify and staff the situation with the supervisor and regional administration.
- B. Notify parents/guardians of the situation immediately.
- C. Notify Constituent Services at the state office regarding the situation as soon as possible
- D. Notify the Guardian ad Litem and Assistant Attorney General of the situation as soon as possible.
- E. If calls from the media are received, refer them to the Public Relations Officer for the Department. The caseworker will not give information about the situation to the press.
- F. Advise out-of-home caregivers that they may also refer the media to the Public Relation's Officer for the Department.
- G. Record all details of the emergency situation and action taken in the child's case record to meet best practice standards and reduce liability.

## **306.1 Foster Youth Pregnancy**

### Major objectives:

If a foster youth becomes pregnant while in out-of-home care, Child and Family Services will coordinate and facilitate all necessary medical care, counseling, and services. This includes services to foster youth who are the mother or father of an unborn child. [See: [Section 303.5](#), Health Care.]

## **306.2 Immediate Removal Of A Child From A Placement**

### Major objectives:

When there is a need to immediately remove a child from an out-of-home placement, in emergency situations, if there is reasonable basis to believe that the child is in danger or that there is substantial threat of danger to the health or welfare of the child, notification to the out-of-home caregiver may occur after removal of the child ([R512-31-3D](#)). [See: [Section 700](#), General Practice Guidelines--Section 704.4, Emergency Foster Care Placement Major objectives, and [Section 305.3](#), Rights Of Out-Of-Home Caregivers.]

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Notification shall be provided through personal communication on the day of removal.
- B. The notice of agency action shall be sent by certified mail, return receipt requested, within three working days of removal of the child.

### 306.3 Allegations Of Abuse Against Out-Of-Home Caregiver

#### Major objectives:

Reports of abuse against an out-of-home caregiver, or an employee of Child and Family Services, will be investigated thoroughly by a contracted agency to ensure that no conflict of interest exists between the caregiver and Child and Family Services. [See: [Section 700](#), General Practice Guidelines--Section 701.1, Right To Hearing For Alleged Perpetrators Of Non-Severe Abuse And Neglect.]

#### **Summary of the Law**

UCA 62A-4a-202.6. Child protective services investigators within Attorney General's office -- Authority.

(1) (a) Pursuant to Section 67-5-16 the Attorney General may employ, with the consent of the division, child protective services investigators to investigate reports of abuse or neglect of a child that occur while the child is in the custody of the division.

(b) (i) Under the direction of the Board of Child and Family Services, the division shall, in accordance with Subsection 62A-4a-409(5), contract with an independent child protective service investigator to investigate reports of abuse or neglect of a child that occur while the child is in the custody of the division.

(ii) The executive director of the department shall designate an entity within the department, other than the division, to monitor the contract for the investigators described in Subsection (1)(b)(i).

(2) The investigators described in Subsection (1) may also investigate allegations of abuse or neglect of a child by a department employee or a licensed substitute care provider.

(3) The investigators described in Subsection (1), if not peace officers, shall have the same rights, duties, and authority of a child protective services investigator employed by the division to:

(a) make a thorough investigation upon receiving either an oral or written report of alleged abuse or neglect of a child, with the primary purpose of that investigation being the protection of the child;

(b) make an inquiry into the child's home environment, emotional, or mental health, the nature and extent of the child's injuries, and the child's physical safety;

(c) make a written report of their investigation, including determination regarding whether the alleged abuse or neglect was substantiated, unsubstantiated, or without merit, and forward a copy of that report to the division within the time mandates for investigations established by the division;

(d) immediately consult with school authorities to verify the child's status in accordance with Sections 53A-11-101 through 53A-11-103 when a report is based upon or includes an allegation of educational neglect;

(e) enter upon public or private premises, using appropriate legal processes, to investigate reports of alleged child abuse or neglect; and

(f) take a child into protective custody, and deliver the child to a law enforcement officer, or to the division. Control and jurisdiction over the child shall be determined by the provisions of Title 62A, Chapter 4a, Part 2, Child Welfare Services, Title 78, Chapter 3a, Juvenile Courts, and as otherwise provided by law.

**306.4 Death Or Serious Illness Of A Parent Or Sibling Of A Child  
In Out-Of-Home Care**

Major objectives:

In the event of a death or serious illness or injury of a parent, sibling, extended family member, or close friend of a child in out-of-home care, the caseworker will notify immediately in person the out-of-home caregiver and child of these events.

**Summary of the Law**

No governing statute.

Practice Guidelines

- A. The caseworker shall consult with the out-of-home caregiver and the child's family to plan how the information will be shared with the child. The contact will always be made in person. If the child has a therapist, it may be helpful to have the therapist assist with the situation.
- B. The caseworker will offer support to the out-of-home caregiver and child to assist with grief and loss issues.
- C. The caseworker will arrange counseling for the child as appropriate.

## **306.5 Death And Burial Of A Child In Out-Of-Home Care**

### Major objectives:

Child and Family Services staff will take the necessary steps to ensure the death of a child in out-of-home care is handled in an appropriate manner and will be sensitive to the feelings of the family members and out-of-home caregivers of the child.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Notify the supervisor, regional and state administration, Assistant Attorney General, Constituent Services representative, juvenile court judge, and the Guardian ad Litem.
- B. Immediately notify the parents/guardian in person.
- C. The parents/guardians shall be contacted and requested to arrange the funeral and, if possible, to pay the burial expenses. If the parents' whereabouts are unknown, parental rights have been terminated, or parents are unable to financially provide for the burial, then other resources shall be contacted (i.e., relatives, church, insurance, community, or county). The county their parents reside in may provide cremation or burial free of charge if the parents are indigent.
- D. If funds are not available from resources as listed above, the burial expense shall come from the regional foster care budget. Consult with the supervisor and regional administrators regarding expenses.
- E. Contact Crime Victim Reparation if the death is a result of abuse or violence. The burial expenses may be paid for from the State of Utah Office of Crime Reparation. A police report shall have been filed within seven days of the occurrence. Claim forms can be obtained at the Office of Crime Victims Reparation.
- F. Child and Family Services staff shall attend the funeral whenever possible.
- G. Notify the Fatality Review Coordinator within three days of the death. Complete the Deceased Client Report form and send it to the Fatality Review Coordinator.



- 3952  
3953 H. Contact the physician to determine the cause of death.  
3954  
3955 I. Notify police to investigate the foster care home/facility if the cause of death  
3956 seems suspicious or other factors such as the child's age, health, and mental  
3957 conditions played a role in the child's death, or the circumstances surrounding  
3958 the death are suspicious.  
3959  
3960 J. Notify the Office of Recovery Services using the appropriate form.  
3961  
3962 K. Notify Social Security Administration, Veterans' Administration, or other source  
3963 of entitlement benefits.  
3964  
3965 L. Obtain a copy of the death certificate and place in the child's case record and  
3966 close the case. The case must have a QA form completed prior to closure.  
3967  
3968 M. Acknowledge the need for ongoing support to the family, out-of-home  
3969 caregivers, and caseworkers. Seek assistance from other resources as needed.  
3970 Child and Family Services employees may seek assistance from the following:  
3971 region administration, clinical consultants, resource family consultants, and the  
3972 Employee Assistance Program.  
3973

## **306.6 Children In Out-Of-Home Care On Runaway Status**

### Major objectives:

As soon as Child and Family Services staff become aware that a foster child has run away from their placement, they will make diligent efforts to locate the child.

Every effort will be made to help the youth "problem-solve" to remedy solutions that contributed to the run.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. When a foster youth runs away from their placement, the caseworker shall notify the parents/legal guardian and Guardian ad Litem as well as other members of the child and family team who may need to know.
- B. Contact the Assistant Attorney General to have a pickup order filed with the juvenile court.
- C. Contact local police departments and file an "attempt to locate and runaway report." Inform the police that there is a pickup order on file.
- D. Inform the child's school and request they contact Child and Family Services if the child contacts or arrives at school.
- E. Diligently follow-up on any possible leads regarding the child's whereabouts.
- F. Offer support to the family and out-of-home caregivers.
- G. When a runaway is located and picked up, a child and family team meeting needs to be held. If it is determined to be in the best interest of the child to return to their prior out-of-home placement, the caseworker will place the child back with their former out-of-home caregiver. If the child is unable to return to the former out-of-home caregiver, emergency foster care placement or another appropriate facility may be used.
- H. A runaway child may be placed in detention in accordance with the Detention Admission Practice Guidelines or by order of the court.

- 4014
- 4015 I. Every effort will be made to help the youth “problem-solve” to remedy solutions
- 4016 that contributed to the run.
- 4017
- 4018 J. Based on the type of search conducted, Child and Family Services staff, with
- 4019 regional administrative approval, will develop a working agreement with the
- 4020 out-of-home caregivers to determine how many days the out-of-home care
- 4021 provider will be paid--not to exceed 10 days.
- 4022
- 4023 K. After the youth has been on the run for approximately three months, the worker
- 4024 shall facilitate a child and family team meeting. Members of the child and family
- 4025 team will make decisions as to what is in the best interest of the child, such as
- 4026 petitioning the court to terminate Child and Family Services custody and
- 4027 guardianship or to reconvene again at a later time.
- 4028
- 4029 L. All the reasonable efforts of Child and Family Services to locate the youth shall
- 4030 be documented in the child’s case record.
- 4031

### 307. Court And Case Reviews

Major objectives:

Child and Family Services will seek to ensure that each child in out-of-home care has timely and effective case reviews and that the case review process:

- A. Expedites permanency for children placed in out-of-home care.
- B. Assures that the permanency goal, child and family plan, and services are appropriate.
- C. Promotes accountability of the parties involved in the treatment planning process.
- D. Monitors the care for children in out-of-home care.

### Summary of the Law

- A. Shelter Hearing (78-3a-306, UCA): A shelter hearing shall be held within 72 hours of the child's removal of the home, excluding weekends and holidays. [See: CPS Major objectives 205.6.]
- B. Adjudication Hearing (78-3a-308, 310, UCA): Upon the Attorney General filing a petition on behalf of Child and Family Services, a pretrial hearing on the petition shall be scheduled within 15 calendar days of the date of the shelter hearing. If at the adjudication hearing the court finds that the allegations outlined in the petition are true, the court shall conduct a Dispositional Hearing.
- C. Dispositional Hearing (78-3a-310, 311, UCA): A Dispositional Hearing may be held the same day as the Adjudication Hearing but shall be held no later than 30 calendar days after the date of the Adjudication Hearing. At the dispositional hearing, if the court orders that a minor be removed from the physical custody of his/her parent and placed in the custody of Child and Family Services, it shall order that Child and Family Services make reasonable efforts to provide reunification services to the minor and his/her parent within a maximum time period, not to exceed 12 months from the date of removal or eight months from date of removal to a child who is 36 months of age or younger.
  - 1. Reunification:

- 
- a. The court may also determine that reunification services need not be provided if the following conditions can be established by clear and convincing evidence:
- i. The whereabouts of the parents are unknown, based upon a verified affidavit indicating that a reasonably diligent search has failed to locate the parents;
  - ii. The parent is suffering from a mental illness of such magnitude that it renders him or her incapable of utilizing those services if, even with provision of services, the parent would be unlikely to be capable of adequately caring for the child within 12 months;
  - iii. The minor has been previously adjudicated as an abused child due to physical or sexual abuse, that following the adjudication the child was removed from the custody of their parent, was subsequently returned to the custody of that parent, and the minor is being removed due to additional physical or sexual abuse;
  - iv. The parent has been convicted of causing the death of another child through abuse or neglect;
  - v. The minor child is under the age of five years and has suffered severe abuse by the parent or by any person known by the parent, if the parent knew or should have known that the person was abusing the minor;
  - vi. The minor has been adjudicated as an abused child as a result of severe abuse by the parent and the court finds that it would not benefit the child to pursue reunification services with the offending parent; or
  - vii. Any other circumstance that the court determines should preclude reunification efforts or services.
- b. Reunification services may not extend beyond 12 months or eight months if a child is under 36 months of age, from the date that the child was initially removed from the home.
- c. However, the court may extend reunification services no more than 90 days if it finds that there has been substantial compliance with the child and family plan, that reunification is probable within that 90-day time period, and that the extension is in the best interest of the child.
- d. In no event may any reunification services extend beyond 15 months from the date the child was initially removed from the home.

- 
2. Case Review (78-3a-313, UCA): Periodic review hearings shall be held no less frequently than once every six months either by the court or by a Foster Care Citizen Review Board. [See: Foster Care Citizen Review Board information in the appendix.]

Practice Guidelines

- A. Reunification timeframes and services will incorporate the requirements of the court order and be documented in the family services plan.
- B. Foster Care Citizen Review Board reviews:
1. The caseworker shall provide materials for review prior to the review date as requested by the Foster Care Citizen Review.
  2. The caseworker must be present and be prepared to give a brief overview of the current situation and the progress towards the permanency goal.
  3. Seek input from child and family team members prior to preparation for every review.
  4. Encourage the parents and other members of the child and family team to attend the review. If a team member cannot attend, he/she may participate by written correspondence or by telephone.
  5. If siblings are in out-of-home care and have similar backgrounds and plans, they may be scheduled for review together, regardless of removal date.
  6. The caseworker shall present recommendations to the child and family team and discuss the need for implementation
- C. Child and Family Services Responsibilities for Case Reviews:
1. Court Reviews: The caseworker shall ensure that a court review has been scheduled. If a court review has not been scheduled, contact the Assistant Attorney General.
  2. Seek input from child and family team members prior to preparation for every review.
  3. The caseworker will develop a court report, outlining the current situation, progress towards the permanency goal, and recommendations in regards to the future direction of the case. The court report shall be signed by both the caseworker and supervisor and shall be provided to the Assistant Attorney General 10 working days prior to the court review. It is then the responsibility of the Assistant Attorney General to review the court report and distribute it to all legal parties.
  4. Keep the court updated with the names and addresses of members of the child and family team who need to be in attendance.

- 4150            5.      Encourage members of the child and family team to attend the review. If  
4151                      a team member cannot attend, he/she may participate by written  
4152                      correspondence or by telephone.  
4153            6.      Child and Family Services shall be responsible for ensuring that the orders  
4154                      from court reviews are implemented and the child and family team is  
4155                      updated.  
4156

## 307.1 Voluntary Relinquishment

### Major objectives:

When it is determined to not be in the child's best interest to be reunified with his/her parents, Child and Family Services shall explore with the parents the option of voluntary relinquishment.

### **Summary of the Law**

UCA 78-3a-414. Voluntary relinquishment -- Irrevocable.

(1) Voluntary relinquishment or consent for termination of parental rights shall be signed or confirmed under oath either:

(a) before a judge of any court that has jurisdiction over proceedings for termination of parental rights in this state or any other state, or a public officer appointed by that court for the purpose of taking consents or relinquishments; or

(b) except as provided in Subsection (2), any person authorized to take consents or relinquishments under Subsections 78-30-4.18(1) and (2).

(2) Only the juvenile court is authorized to take consents or relinquishments from a parent who has any child who is in the custody of a state agency or who has a child who is otherwise under the jurisdiction of the juvenile court.

(3) The court, appointed officer, or other authorized person shall certify to the best of that person's information and belief that the person executing the consent or relinquishment has read and understands the consent or relinquishment and has signed it freely and voluntarily.

(4) A voluntary relinquishment or consent for termination of parental rights is effective when it is signed and may not be revoked.

(5) The requirements and processes described in Sections 78-3a-402 through 78-3a-410 do not apply to a voluntary relinquishment or consent for termination of parental rights. The court need only find that the relinquishment or termination is in the child's best interest.

(6) There is a presumption that voluntary relinquishment or consent for termination of parental rights is not in the child's best interest where it appears to the court that the primary purpose is to avoid a financial support obligation. The presumption may be rebutted, however, if the court finds the relinquishment or consent to termination of parental rights will facilitate the establishment of stability and permanency for the child.

(7) Upon granting a voluntary relinquishment the court may make orders relating to the child's care and welfare that the court considers to be in the child's best interest.



Practice Guidelines

A. Voluntary Relinquishment

1. The caseworker should provide information to the parents regarding the voluntary relinquishment process. However, the parents should be referred to their attorney for legal questions regarding the petition.
2. If the child is Native American, refer to General Major objectives and the Indian Child Welfare Act.
3. An adoption cannot take place unless both parents' rights have been terminated.
4. If one parent decides to relinquish his/her parental rights, the caseworker must notify the other parent and discuss permanency options for the child with that parent before any relinquishment can be done. If the whereabouts of the other parent is unknown, the caseworker will contact the Assistant Attorney General to arrange to publish a notification for the missing parent.
5. If the parent relinquishing her parental rights is an unmarried woman, the caseworker must contact the following agencies to attempt to locate the father of the child:
  - a. Bureau of Health Statistics and Vital Records to find out if the father has registered and has claimed paternity rights;
  - b. The Office of Recovery Services to find out if there is a record of a father paying child support and claiming paternity through the Office of Recovery Services;
  - c. Federal Parent Locator Service to search for the absent parent;
  - d. The Assistant Attorney General to consult on termination of parental rights of the missing parent.

B. Preparing for the court hearing for voluntary relinquishments:

1. A petition must be filed with the court to initiate termination proceedings. The caseworker, Assistant Attorney General, Guardian ad Litem, or other legal counsel may assist in the preparation of the petition. The caseworker should discuss the relinquishment with the Assistant Attorney General and request that a petition be filed with the court and a hearing be scheduled in a timely manner.
2. Under Utah Code Ann. [§78-3a-414](#), voluntary relinquishments or consent for termination of parental rights shall be signed or confirmed under oath before a judge of any court that has jurisdiction over proceedings for termination of parental rights.

- 
- 4235           3.     The court shall certify that the person executing the consent or  
4236                 relinquishment has read and understands the consent or relinquishment  
4237                 and has signed it freely and voluntarily.
- 4238           4.     A voluntary relinquishment or consent for termination of parental rights  
4239                 is effective when it is signed by the parent and approved by the court and  
4240                 may not be revoked.
- 4241           5.     Before the court can grant a voluntary relinquishment of parental rights,  
4242                 the court must find that the termination is in the best interest of the child.  
4243
- 4244   C.     Child and Family Services will ensure that the rights of the father to a child born  
4245             outside of marriage are considered prior to the relinquishment of all parental  
4246             rights.
- 4247           1.     A person who is the father or claims to be the father of a child born  
4248                 outside of marriage must file a notice of his claim of paternity and of his  
4249                 willingness and intent to support the child with the state registrar of vital  
4250                 statistics at the Department of Health. This notice must be filed prior to  
4251                 the time the child is relinquished to a licensed child placing agency or  
4252                 prior to the filing of a petition by a person with whom the mother has  
4253                 placed the child for adoption.
- 4254           2.     Any putative father who fails to file his notice of paternity is barred from  
4255                 thereafter bringing or maintaining any action to assert any interest in the  
4256                 child unless he proves by clear and convincing evidence that: it was not  
4257                 possible for him to file a notice of paternity within the period of time  
4258                 specified above, his failure to file a notice was through no fault of his own,  
4259                 and he filed a notice of paternity within 10 days after it became possible  
4260                 for him to file a notice.
- 4261           3.     Except as provided above, failure to file a timely notice of paternity shall  
4262                 be deemed to be a waiver and surrender of any right to notice of any  
4263                 hearing in any judicial proceeding for adoption of the child and the  
4264                 consent of that person to the adoption of the child is not required.
- 4265           4.     If there is no showing that a putative father has consented to or waived his  
4266                 rights regarding the proposed adoption, it shall be necessary to file a  
4267                 certificate from the Department of Health, signed by the state registrar of  
4268                 vital statistics, stating that a diligent search has been made of the registry  
4269                 of notices from putative fathers and that no filing has been found  
4270                 pertaining to the father of the child in question. This certificate must be  
4271                 filed prior to the entering of a final decree of adoption.
- 4272           5.     When a child is conceived or born during a marriage, termination of the  
4273                 parental rights of the married woman's husband must be obtained even if  
4274                 he is not the biological father of the child, before the child is legally

4275 available for adoption. This can be accomplished by the voluntary  
4276 relinquishment of his parental rights or by court action that results in the  
4277 court terminating his parental rights.  
4278 6. If the putative father cannot be located, the worker shall contact the  
4279 Assistant Attorney General and discuss further attempts to locate the  
4280 father, which can include publishing in the local newspaper.  
4281

## 307.2 Termination Of Parental Rights

### Major objectives:

A petition for termination of parental rights will be filed when the parameters of state statute are met, when compelling reasons exist that the child may not be safely returned home, when a child is not being cared for by kin, and when reunification services have been adequately provided.

### **Summary of the Law**

#### **78-3a-407. Grounds for termination of parental rights -- Findings regarding reasonable efforts.**

(1) The court may terminate all **parental rights** with respect to a parent if it finds any one **of** the following:

(a) that the parent has abandoned the child;  
(b) that the parent has neglected or abused the child;  
(c) that the parent is unfit or incompetent;  
(d) that the child is being cared for in an out-**of**-home placement under the supervision **of** the court or the division and the parent has substantially neglected, willfully refused, or has been unable or unwilling to remedy the circumstances that cause the child to be in an out-**of**-home placement, and there is a substantial likelihood that the parent will not be capable **of** exercising proper and effective **parental** care in the near future;

(e) failure **of** **parental** adjustment, as defined in this chapter;  
(f) that only token efforts have been made by the parent:  
(i) to support or communicate with the child;  
(ii) to prevent neglect **of** the child;  
(iii) to eliminate the risk **of** serious physical, mental, or emotional abuse **of** the child; or  
(iv) to avoid being an unfit parent;  
(g) the parent has voluntarily relinquished the parent's **parental rights** to the child, and the court finds that **termination** is in the child's best interest;

(h) the parent, after a period **of** trial during which the child was returned to live in the child's own home, substantially and continuously or repeatedly refused or failed to give the child proper **parental** care and protection; or

(i) the terms and conditions **of** safe relinquishment **of** a newborn child have been complied with, pursuant to Title 62A, Chapter 4a, Part 8, Safe Relinquishment **of** a Newborn Child.

(2) The court may not terminate the **parental rights of** a parent because the parent has failed to complete the requirements **of** a treatment plan.

(3) (a) In any case in which the court has directed the division to provide reunification services to a parent, the court must find that the division made reasonable efforts to provide those services before the court may terminate the parent's **rights** under Subsection (1)(b), (c), (d), (e), (f), or (h).

(b) The court is not required to make the finding under Subsection (3)(a) before terminating a parent's **rights**:

(i) under Subsection (1)(b) based upon abuse or neglect found by the court to have occurred subsequent to adjudication; or

(ii) if reasonable efforts are not required under federal law.

#### Practice Guidelines

A. In calculating when to file a petition for the termination of parental rights, the caseworker will:

1. Calculate the 15 out of the most recent 22-month period from the date the child was removed.
2. Include periods of time in care if there have been multiple entrances and exits into out-of-home care.
3. Will not include trial home visits or runaway episodes in calculating the 15 months in foster care.

B. This requirement only applies once for a specific child if Child and Family Services does not file a petition because an exception to this requirement applies.

C. The caseworker will discuss termination of parental rights with the Assistant Attorney General and request a petition be filed with the court and a hearing date be set. The petition will include all necessary legal information related to the case along with the reasons for termination of parental rights, which are (*see*: Utah Code Ann. [§78-3a-407](#)):

1. The child has been abandoned by the parent or parents.
2. The parent or parents have neglected or abused the child.
3. The parent or parents are unfit or incompetent.
4. The child is being cared for in an out-of-home placement under the supervision of the court and/or Child and Family Services and Child and Family Services or another responsible agency has made diligent efforts to provide appropriate services and the parent has substantially neglected, willfully refused, or has been unable or unwilling to remedy the circumstances that caused the child to be in an out-of-home placement, and there is a substantial likelihood that the parent will not be capable of exercising proper and effective parental care in the near future.

- 
- 4361 5. Failure of parental adjustment as defined in Utah Code Ann. [§78-3a-403](#),  
4362 that parent or parents are unable or unwilling within a reasonable time to  
4363 substantially correct the circumstances, conduct, or conditions that led to  
4364 placement of their child outside the home, notwithstanding reasonable  
4365 and appropriate efforts made by Child and Family Services to return the  
4366 child to that home.
- 4367 6. That only token efforts have been made by the parent or parents to  
4368 support or communicate with the child, prevent neglect of the child, to  
4369 eliminate the risk of serious physical, mental, or emotional abuse of the  
4370 child, or to avoid being an unfit parent.
- 4371 7. The parent or parents have voluntarily relinquished their parental rights  
4372 to the child and the court finds that relinquishment is in the child's best  
4373 interest.
- 4374 8. The parent or parents, after a period of trial during which the child was  
4375 returned to live in his/her own home, substantially and continuously or  
4376 repeatedly refused or failed to give the child proper parental care or  
4377 protection.
- 4378 9. The terms and conditions of safe relinquishment of a newborn child have  
4379 been complied with pursuant to Utah Code Ann. [§62-4a-802](#), safe  
4380 relinquishment of a newborn child.
- 4381 10. As referenced in Utah Code Ann. [§78-3a-404](#), any interested party  
4382 including an out-of-home caregiver may file a petition of the parent-child  
4383 relationship with regard to a child. The Assistant Attorney General shall  
4384 file a petition for termination of parental rights under this part on behalf  
4385 of Child and Family Services.
- 4386
- 4387 D. In order to be appropriately prepare for the court hearing to terminate parental  
4388 rights, the caseworker should:
- 4389 1. Determine that permanent termination of parental rights is in the child's  
4390 best interest and that there is evidence on which to file the petition. The  
4391 caseworker should facilitate a child and family team meeting to assist in  
4392 the decision-making process and permanency planning.
- 4393 2. The caseworker will review the case with the Assistant Attorney General  
4394 to determine if the case meets the legal grounds for termination.
- 4395 3. If it is determined that there are sufficient grounds under the law for  
4396 terminating parental rights and it is in the child's best interest, the  
4397 caseworker will request that the Assistant Attorney General prepare a  
4398 petition to terminate the parental rights and file the petition with the  
4399 court.

- 
- 4400           4.     The caseworker will assist the Assistant Attorney General's office in  
4401           collecting and presenting the evidence to the juvenile court judge as  
4402           defined in above.
- 4403           5.     The caseworker will collect the names and addresses of witnesses and the  
4404           allegations to which the witnesses can and will testify to. This may  
4405           include therapists, out-of-home caregivers, medical providers, school  
4406           personnel, etc. This information will be given to the Assistant Attorney  
4407           General. Examples of needed information include: medical and/or  
4408           psychological information regarding the parents and/or child, police  
4409           reports, documentation of efforts and services to rehabilitate the parents  
4410           and to facilitate a reunion with the child, the physical, mental, or  
4411           emotional condition of the child and his/her desires regarding  
4412           termination of parental rights, the effort the parents have made to adjust  
4413           their circumstances, conduct, or conditions to make it in the child's best  
4414           interest to return the child home, contact/visits between parents and  
4415           child, emotional ties between the child and parents, the child's ties with  
4416           the foster provider, etc.
- 4417
- 4418 E.     Termination of parental rights may be ordered by the court only after a hearing  
4419           is held specifically on the question of terminating the rights of the parents. The  
4420           grounds for termination of parental rights include (*see*: Utah Code Ann. [§78-3a-  
4421           408](#)):
- 4422           1.     In determining whether a parent or parents have abandoned a child there  
4423           must be evidence that:
- 4424                 a.     The parent or parents had legal custody of the child but  
4425                 surrendered physical custody and for a period of six months have  
4426                 not manifested a firm intention to resume physical custody or to  
4427                 make arrangements for the care of the child.
- 4428                 b.     The parent or parents failed to communicate with the child by mail,  
4429                 telephone, or otherwise for six months.
- 4430                 c.     The parent or parents have failed to show the normal interest of a  
4431                 natural parent without just cause.
- 4432                 d.     The parent or parents have abandoned an infant, as described in  
4433                 Utah Code Ann. [§78-3a-313.5](#).
- 4434           2.     Determining whether a parent or parents are unfit or have neglected a  
4435           child, the court shall consider but is not limited to the following,
- 4436                 a.     Emotional illness, mental illness, or mental deficiency of the parent  
4437                 that renders him/her unable to care for the immediate and  
4438                 continuing physical or emotional needs of the child for extended  
4439                 periods of time.

- 
- 4440           b.     Conduct toward a child of a physically, emotionally, or sexually  
4441                 cruel or abuse nature.
- 4442           c.     Habitual or excessive use of intoxicating liquors, controlled  
4443                 substances, or dangerous drugs that render the parents unable to  
4444                 care for the child.
- 4445           d.     Repeated or continuous failure to provide the child with adequate  
4446                 food, clothing, shelter, education, or other care necessary for  
4447                 his/her physical, mental, and emotional health and development  
4448                 by parents who are capable of providing that care. However, a  
4449                 parent who is legitimately practicing his/her religious beliefs does  
4450                 not provide specified medical treatment for child is not for that  
4451                 reason alone a negligent or unfit parent.
- 4452           e.     With regard to a child who is in the custody of Child and Family  
4453                 Services, if the parent is incarcerated as a result of conviction of a  
4454                 felony and the sentence is of such length that the child will be  
4455                 deprived of a normal home for more than one year.
- 4456           f.     Evidence of a conviction of a felony, if the facts of the crime are of  
4457                 such a nature as to indicate the unfitness of the parents to provide  
4458                 adequate care to the extent necessary for the child's physical,  
4459                 mental, or emotional health and development
- 4460           g.     Evidence of a history of violent behavior.
- 4461        3.     If a child has been placed in the custody of Child and Family Services and  
4462                 the parent or parents fail to comply substantially with the terms and  
4463                 conditions of a plan within six months after the date the child was placed  
4464                 or the plan was commenced, whichever occurs later. That failure to  
4465                 comply is evidence of failure of parental adjustment.
- 4466        4.     The following circumstances constitute evidence of unfitness:
- 4467           a.     Sexual abuse, injury, or death of a sibling of the child, or of any  
4468                 child, due to known or substantiated abuse or neglect by the parent  
4469                 or parents.
- 4470           b.     Conviction of a crime, if the facts surrounding the crime are of such  
4471                 a nature as to indicate the unfitness of the parent to provide  
4472                 adequate care to the extent necessary for the child's physical,  
4473                 emotional, mental, health, and development.
- 4474           c.     A single incident of life threatening or gravely disabling injury to or  
4475                 disfigurement of the child.
- 4476           d.     The parent has committed, aided, abetted, attempted, conspired, or  
4477                 solicited to commit murder or manslaughter of a child or child  
4478                 abuse homicide.



- 4479 F. At the conclusion of the hearing in which the court orders termination of the  
4480 parent/child relationship, the court shall order that a review hearing be held  
4481 within 90 days following the date of termination if the child has not been placed  
4482 in a permanent adoptive home. At that review hearing, Child and Family  
4483 Services or the individual vested with custody of the child shall report to the  
4484 court regarding the plan for permanent placement for the child. The Guardian  
4485 ad Litem shall also submit to the court a written report with recommendations,  
4486 based on an independent investigation, for disposition meeting the best interest  
4487 of the child. The court may order Child and Family Services or individual vested  
4488 with custody of the child to report, at appropriate intervals, on the status of the  
4489 child until the plan for a permanent placement of the child has been  
4490 accomplished. [See: Utah Code Ann. [§78-3a-412.](#)]  
4491

### 307.3 Appeal For Termination Of Parental Rights

#### Major objectives:

Child and Family Services will not give approval to finalize an adoption until the period to appeal the termination of parental rights has expired.

#### **Summary of the Law**

Parents have 30 days from the date of final judgment and order to file an appeal to the termination of their parental rights. (Rule 4, Rules of Appellate Procedure.)

#### Practice Guidelines

- A. During the appeal period, the child may be placed in a foster/adoptive placement and remain in that placement.
- B. The appeal process can take over one year. The current state law on termination of parental rights does not address the parents' residual rights while a case is on appeal. If parents insist on retaining residual rights while their case is on appeal, the burden is on the parents to address those concerns through the court process.
- C. Child and Family Services, through the Assistant Attorney General or the Guardian ad Litem, has the authority to petition the juvenile court to restrict parents' residual rights during the time the termination decision is being appealed. The residual rights includes visitation.

## 307.4 Request For A New Hearing

### Major objectives:

A caseworker or some other person may request a new hearing as specified in Utah Code Ann. [§78-3a-908](#).

### **Summary of the Law**

UCA 78-3a-908. New hearings authorized -- Grounds and procedure.

(1) A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter, or any adult affected by a decree in a proceeding under this chapter, may at any time petition the court for a new hearing on the ground that new evidence which was not known and could not with due diligence have been made available at the original hearing and which might affect the decree, has been discovered.

(2) If it appears to the court that there is new evidence which might affect its decree, it shall order a new hearing, enter a decree, and make any disposition of the case warranted by all the facts and circumstances and the best interests of the minor.

This section does not apply to minor's cases handled under the provisions of Section 78-3a-602.

### Practice Guidelines

A. A parent, guardian, custodian, or next friend of any minor adjudicated under this chapter, or any adult affected by a decree in a child's proceeding under this chapter may at any time petition the court for a new hearing on the grounds that new evidence that was not known and could not, with due diligence, have been made available at the original hearing and which might affect the decree, has been discovered.

B. This request will be made by a Child and Family Services worker only after consultation with an Assistant Attorney General.

### 308. Transitions From Child and Family Services Custody

Major objectives:

The child and family team will determine what plan for transition is in the child's best interest. The transition from Child and Family Services custody will seek to ensure that:

- A. The child will be in a safe and appropriate environment that will endure until the child reaches maturity.
- B. The child and his/her caregivers will have access to services and resources that will sustain permanency.
- C. The child has connections to their past, present, and future.

#### 308.1 Trial Home Placement And Return Of The Child Home

Major objectives:

When a child and family's safety needs have been met in that the original reasons and risks have been reduced or eliminated, the child can return home.

#### Summary of the Law

No governing statute.

Practice Guidelines

- A. Facilitate a child and family team meeting to review the child and family plan to ensure that the child and family's safety needs have been successfully met in that the original placement reasons and risks have been reduced or eliminated in order for the child to be safely returned home.
- B. Consider the recommendations of the child and family team. The objection of any one person should not automatically prevent the child from being returned home.
- C. Complete a risk assessment to help determine if the child can be safely returned home. A risk assessment is required only if the child is being returned to the same home removed from.

- D. Update the Functional Assessment.
- E. Give consideration to the child's feelings and desires.
- F. Contact the Assistant Attorney General and determine whether a review hearing is needed prior to the child's return home. If a review hearing is needed, request that the Assistant Attorney General contact the juvenile court for a date. If a review hearing is not needed, request the Assistant Attorney General to notify the juvenile in accordance with the original court order, that the child is returning home.
- G. Based on the determinations of the court, facilitate a child and family team meeting to discuss the transitions, return home plan, and the recommendations prior to the child being returned home.
- H. Provide reasonable notice, at least two weeks (unless otherwise ordered by the court), of the date child will be returning home to all pertinent parties such as child, parents, Guardian ad Litem, foster care provider, school staff, and therapists so all parties can be adequately prepared for the return home. Also inform the Department of Workforce Services and the Office of Recovery Services.
- I. Notify the regional eligibility worker of the plan to return the child home at least two weeks prior to the return home. Provide the eligibility worker with information from the parents required to determine if the child can continue Medicaid coverage after the return home and in time for case transfer to BES or DWS.
- J. Prior to and when the child is returned home, the Child and Family Services caseworker will provide services directed at assisting the child and family with the transition back into the home. During this time, the caseworker should contact school personnel, therapists, day care providers, etc. who have knowledge and/or contact with the child to ensure no further abuse or neglect is occurring.
  - 1. If it is determined that the child and family require more intensive services to ensure successful reunification, intensive family reunification services (PFR) may be utilized.
  - 2. Once the child is returned home and it is determined that the child and family is still in need of services and supervision, in-home services will be provided based on the needs of the family. The services may be either by

4631 court order (PSS) or on a voluntary basis (PSC). The caseworker will  
4632 either provide these services him/herself or refer the family to the in-  
4633 home program to arrange for follow-up services.  
4634 3. Refer to Home-Based Services Major objectives 100, Section 102.  
4635  
4636 K. A child may be returned home for a trial home visit for up to 60 days. Within 60  
4637 days of the child's return home and if the child is safe in the home, the  
4638 caseworker will file a motion with the juvenile court to terminate the agency's  
4639 legal custody of the child.  
4640

## 308.2 Guardianship

### Major objectives:

When all other permanency options for a child have been considered and it is in the child's best interest to remain in their current placement until age 18 years, the caseworker should discuss the option of permanent guardianship with the out-of-home caregiver.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. When all other permanency options for a child have been considered and it is in the child's best interest to remain in their current placement until age 18 years, the caseworker should discuss the option of permanent guardianship with the out-of-home caregiver.
- B. Cases where the out-of-home caregivers should be encouraged to obtain permanent custody and guardianship through juvenile court are cases where all of the following would apply:
  1. The foster child has been in the placement continuously for 12 months or longer.
  2. The out-of-home caregivers have met all of the agency licensing requirements and the agency has no concerns with the care the child has been receiving in the home.
  3. The child and out-of-home caregiver are both committed to the placement as a permanent arrangement for the child until the child reaches the age of majority.
  4. The child and the out-of-home caregiver are no longer in need of services or assistance from Child and Family Services except financial assistance.
  5. Permanent custody and guardianship are in the best interests of the child.
  6. The child cannot be returned home.
  7. A regional screening committee (including an adoption worker) has determined the child is not adoptable and is not likely to be in the future or the child is age 12 years or older, adoption has been explored with him/her, and he/she does not want to be adopted and would not be willing in court to give consent (if mentally capable) to an adoption.

- 
- C. The caseworker will explain the powers and duties of legal custody and guardianship of a minor child (*see*: Utah Code Ann. [§75-5-209](#)) with the out-of-home caregivers to help them prepare and make an informed decision. Items to be discussed include:
1. A guardian of a child has the powers and responsibilities of a parent, except that a guardian is not legally obligated to provide from his/her own funds for the child and is not liable to third persons by reason of the parental relationship for acts of the child.
  2. Guardians must take reasonable care of the child's effects and commence protective proceedings if necessary to protect other property of the child.
  3. The guardian may receive money payable for the support of the child to the child's parent, guardian, or custodian, under the terms of any statutory benefit or insurance system or any private contract, devise, trust, conservatorship, or custodianship. Any sums that are received shall be applied to the child's current needs for support, care, and education with any excess being conserved for the child's future needs. Sums received by the guardian are not to be used for compensation for services except as approved by order of the court. Unless otherwise provided by statute, a guardian may institute proceedings to compel the performance by any person of a duty to support the child or to pay sums for the welfare of the child.
  4. The guardian is empowered to facilitate the child's education, social, or other activities and to authorize medical, or other professional care, treatment, or advice. A guardian is not liable by reason of this consent for the injury to the child resulting from the negligence or acts of third persons unless it would have been illegal for a parent to have consented.
  5. A guardian may consent to the marriage or adoption of the child.
  6. The guardian must report the condition of the child and of the child's estate that has been subject to the guardians possession or control as ordered by court on petition of any person interested in the minor's welfare or as required by court rule.
  7. If needed, the guardianship subsidy will not exceed the foster care payment the out-of-home caregiver has been receiving and may be less based on the ongoing needs of the child and the needs of the guardians. Only state funds can be used for these subsidy payments and will come from the regional foster care budgets.
  8. The ongoing needs of the child including the medical needs and how they will be met, i.e., guardian's medical insurance or a medical card through DWS.



- 
- 4719 9. The child will be considered one of the out-of-home caregivers legal  
4720 children after the guardianship has been granted with regard to the out-  
4721 of-home caregivers taking additional foster children into their home.
- 4722 10. The residual rights of the natural parents remain in effect unless the rights  
4723 have been restricted by the court. Those rights are the responsibility for  
4724 support, the right to consent to adoption, the right to determine the child's  
4725 religious affiliation, the right to reasonable visitation.
- 4726 11. Reasons for termination of the out-of-home caregiver guardianship  
4727 agreement.
- 4728 12. The out-of-home caregivers must agree to be named in the court order as  
4729 out-of-home caregiver providing long-term or permanent foster care to  
4730 the child where the goal is permanent or long-term foster care to be in  
4731 compliance with federal foster care major objectives (P.L. 96-272).  
4732
- 4733 D. The caseworker will screen the out-of-home caregiver subsidy agreement,  
4734 including the financial arrangement with the regional screening committee for  
4735 approval.  
4736
- 4737 E. Once approved by the screening committee, the caseworker will contact the  
4738 Assistant Attorney General to request the filing of a petition with the juvenile  
4739 court requesting that Child and Family Services custody and guardianship be  
4740 terminated and the out-of-home caregivers be granted permanent custody and  
4741 guardianship.  
4742
- 4743 F. The caseworker will obtain the required signatures on the out-of-home caregiver  
4744 guardianship agreement and distribute copies according to the instructions on  
4745 the form.  
4746
- 4747 G. After the court has granted permanent custody and guardianship to the out-of-  
4748 home caregivers, the caseworker or other designated worker will complete the  
4749 following:
- 4750 1. Enter this date in SAFE.
- 4751 2. A QA form will be completed on the case prior to closing to ensure all  
4752 required documentation is in the case record.
- 4753 3. Close all of the payment and service codes and close custody on the foster  
4754 care case in SAFE. The termination reason should be custody to  
4755 relative/guardian.
- 4756 4. Open a guardianship subsidy file in the child's name and a worker or  
4757 technician will track the case, make the monthly payments to the

- 4758 guardian, renew the Medicaid card when applicable, and keep the  
4759 information updated on the case.
- 4760 5. Open the guardianship subsidy under the payment code of GSP for a  
4761 specialized foster care rate and GCP for a basic foster care rate.  
4762
- 4763 H. Each region will designate an individual to review the agreement in person with  
4764 the guardian on a yearly basis. The review will include reviewing the family  
4765 situation, the child's needs, and the financial agreement. Reviewing the financial  
4766 agreement would include reviewing any financial support that has been  
4767 provided by the child's parents either through the Office of Recovery Services  
4768 collections or direct financial contributions to the foster family. These cases will  
4769 be part of the Child and Family Services QA sample.  
4770
- 4771 I. Once permanent custody and guardianship has been given to the out-of-home  
4772 caregivers, the foster care case has been closed, and a subsidy case has been  
4773 opened, the subsidy case will not be subject to IV-E or 427 federal audits.  
4774
- 4775 J. Child and Family Services staff may provide in-home services to the child and  
4776 family at any time as needed to maintain the guardianship placement.  
4777
- 4778 K. The out-of-home caregiver guardianship subsidy agreement will automatically  
4779 be terminated under any of the following circumstances:
- 4780 1. Upon the conclusion of the terms of the agreement.  
4781 2. Upon the out-of-home caregivers' request, when the child reaches age 18  
4782 years or 21 years if the child has a mental or physical handicap that  
4783 warrants continuation of the agreement.  
4784 3. Upon the death of the child.  
4785 4. Upon the death of the out-of-home caregivers,  
4786 5. At the cessation of the out-of-home caregivers' legal responsibility for the  
4787 child.  
4788 6. If Child and Family Services determines that the child is no longer  
4789 receiving financial support from the out-of-home caregivers.  
4790 7. If the out-of-home caregivers fail to renew their agreement within five  
4791 working days of the renewal date.  
4792
- 4793 L. The monthly subsidy payment will be paid once a month after the month of  
4794 service. Billing will be made on a Form 520. One time subsidy payments will be  
4795 paid after the service is completed and billings will be made on the Form 295S.  
4796

- 4797 M. Guardianship Subsidy Payments are paid under the arrangement described in  
4798 this manual are not considered taxable income as long as the following exists:  
4799 1. The child is under age 19 years.  
4800 2. The payments are made by the state or a licensed child placing agency.  
4801 3. The guardians are not receiving a payment on more than five children and  
4802 the reimbursement does not exceed the cost of caring for the child. These  
4803 children could be claimed as dependents for income tax purposes by the  
4804 guardians as long as they have a court order giving them permanent legal  
4805 custody and guardianship. (Refer to the IRS or a tax consultant for further  
4806 information.)  
4807
- 4808 N. The guardians may appeal any decision to reduce, change, or terminate their  
4809 child's guardianship subsidy. [See: Utah Administrative Rule [497-100](#),  
4810 Adjudicative Proceedings.)  
4811
- 4812 O. In the event there is a referral for abuse or neglect on the guardians after they  
4813 have been given permanent custody and guardianship by the court, follow the  
4814 Practice Guidelines in this manual for CPS investigations. At the time an  
4815 investigation is done, the subsidy agreement must be reviewed.  
4816

### 308.3 Transition To Adoptions And Adoption Finalization

Major objectives:

If the child's permanency goal is adoption and the child is not already in the adoptive home, Child and Family Services shall make intensive efforts to place the child with an adoptive family. [See: Section [400](#), Adoption, subsections 401.3 through 401.9.]

## 308.4 Transition To Independent Living

### Major objectives:

Child and Family Service is committed to preparing youth to meet the challenges of adulthood prior to exiting state custody. In addition, Child and Family Services will commit resources to assist youth ages 18 through 20 years who were in foster care on their 18th birthday, to stabilize their living situation when no other reasonable alternatives exist. Child and Family Services will accomplish this through the provision of services within the Independent Living program.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. Youth who qualify for the post-transitional living services (aftercare) should receive services in accordance with the following:
1. The youth must be at least 18 and under the age of 21 years.
  2. The youth must have been in foster care at age 18 years, but no longer be in state custody.
  3. The youth's closure reason is emancipation as a result of either reaching the age of majority or as a result of a court order terminating custody and guardianship (with no transfer of such to another party).
  4. All other means of support have been explored and are utilized in concert with the aftercare funding and services.
  5. There is a yearly maximum payment of \$2,000.00.
  6. Payments may be made directly to the youth or to other individuals as appropriate, i.e. landlords, utilities, etc.
  7. A case is opened in SAFE for the youth utilizing the CIS case type. A minimal service plan must be completed and justification for the expenditures of funding must be included in the case documentation.
  8. The youth and other payees must be opened as providers in the USSDS system.
  9. Payment shall be made to the youth utilizing the TLP payment code.
  10. Other services in conjunction with aftercare funding that the youth may receive are as follows:
    - a. Counseling and guidance by the independent living staff;
    - b. Information and referral to community resources;
    - c. Recreational and other group activities as deemed appropriate by the region;

- 4865                   d.     Follow-up to basic life skills training;
- 4866                   e.     Referral to medical and dental services including assistance with
- 4867                         health insurance;
- 4868                   f.     Other services as identified
- 4869
- 4870    B.     The services offered to these youth should be specific, time limited, and goal
- 4871             oriented.
- 4872
- 4873    C.     When a youth is emancipating from out-of-home care to independence (case
- 4874             closure) the worker will meet with the youth and complete an assessment that
- 4875             addresses:
- 4876                 1.     Support system.
- 4877                 2.     Education/vocational plan.
- 4878                 3.     Assets.
- 4879                 4.     Basic life skills.
- 4880
- 4881    D.     The worker will also explain the aftercare program to the youth and how the
- 4882             youth can access those services.
- 4883

## **308.5 Transfer To Other Agencies**

### Major objectives:

Child and Family Services will team with other agencies to ensure each foster child receives appropriate services from other agencies as needed.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

- A. The caseworker should screen the case with the appropriate agency to determine if the child is eligible for services from another agency such as Youth Corrections, DSPD, or Division of Aging and Adult Services.
- B. If the child is under age 18 years and is eligible for DSPD services, DSPD will not assume full responsibility for the case until the child is age 18 years or in some cases age 21 years. Therefore, Child and Family Services must work in conjunction with DSPD. However, once a child reaches age 18 or 21 years, the case may be transferred to DSPD.
- C. Once it is determined a child is eligible for service from another agency and the case has been accepted for services by the agency, the caseworker will meet with the child and necessary family members and explain the transfer of services to the new agency. The caseworker will assist the child and new caseworker in making a smooth transition.
- D. Once the transition is complete, Child and Family Services may close the foster care case.

## 308.6 Termination Of Out-Of-Home Services

### Major objectives:

When a child's permanency goal is achieved, Child and Family Services out-of-home services will be terminated.

### **Summary of the Law**

No governing statute.

### Practice Guidelines

No later than 30 days after the issuance of the court order to terminate Child and Family Services custody and guardianship of a child, the caseworker shall:

- A. Complete the risk assessment, which shows the child will be safe in the permanent placement.
- B. Update the Functional Assessment.
- C. If parental rights have not been terminated, notify the parents, in writing, that the case is being closed. A copy of the letter should be sent to the Guardian ad Litem.
- D. Notify the Office of Recovery Services with a closure date.
- E. Notify the regional eligibility worker for reassessment or referral of Medicaid eligibility.
- F. If the child is receiving SSI or SSA or some other entitlement benefit, notify the Social Security Administration or other entitlement source in writing of the change in payee and notify the business office at the regional office to close out the child's trust fund.
- G. Write a termination summary addressing the original risk factors, achievement of the service plan goals and the reason for closing the case, etc.
- H. Complete the closure wizard on SAFE.
- I. The case must have a copy of the court order terminating Child and Family Services custody and involvement in the record before the case can be closed.



- 4954  
4955 J. The case should be reviewed by the caseworker's supervisor and a QA review  
4956 completed and put in the record to ensure all documentation is complete on the  
4957 case before it is closed.  
4958  
4959 K. If the child is from another state, refer to [Section 700](#), General Practice  
4960 Guidelines--Section 703, Interstate Compact On The Placement Of Children.  
4961

### 309. Peer Parenting Services

#### Major objectives:

For families whose children were removed due to parenting or household management challenges, participation in the peer parenting program may be an appropriate service option. Early in the case process, participating families will be assigned a specially trained out-of-home caregiver to work intensively with the parents to provide information, modeling, and an opportunity to practice positive parenting and household management skills.

#### **Summary of the Law**

No governing statutes.

#### Practice Guidelines

- A. Child and Family Services will approve a skills-based curriculum for those families participating in the peer parent program. All peer parents will use this curriculum.
- B. A manual will remain with the family as a resource when peer parenting is ended.
- C. Eligibility: Any family with a primary permanency goal to either maintain the unity of the family or reunite the family will be evaluated for peer parenting, along with parents whose children were removed from their home due to insufficient parenting skills.
- D. Peer Parent Program Staff: Individual peer parents, peer parent area coordinators, and a peer parent statewide coordinator are available to assist with the various aspects of other peer parent program.
- E. Role of the peer parent:
  1. To teach parenting skills by engaging the parent and the child in interactive experiences.
  2. To fully document all sessions as they work with the family.
  3. To submit documentation to both the area coordinator and the social worker on a monthly basis.
- F. Certification of Peer Parents: Peer parents are typically licensed Child and Family Services out-of-home caregivers who have received specific peer parent training. In the unusual case of needing to certify a non-licensed person as a peer

parent, the Region Director may approve certification. The peer parent area coordinator will facilitate this exception by documenting a recent and clear BCI, training, understanding of the agency, etc. The peer parent area coordinator will notify the statewide coordinator of all certification exceptions.

G. Role of the peer parent area coordinator:

1. The area coordinator will ensure that peer parents are available and trained throughout the region as needed.
2. The area coordinator will meet quarterly with regional staff to assess the upcoming needs of the region as related to peer parenting.

H. Role of the peer parent statewide coordinator:

1. The statewide coordinator will ensure that the peer parent program is fully implemented statewide.
2. The statewide coordinator will assist the area coordinators, Region Directors, and Child and Family Services staff as needed.

I. Requirements for providing peer parenting services:

1. Peer parents will be certified by the agency to provide peer parenting services.
2. Peer parents will have completed basic peer parent training within the last two years and maintain a working knowledge of the competencies outlined in the current Peer Parenting Manual.
3. Peer parents will be current with their required ongoing training hours.
4. Peer parents must show competence in the areas of agency major objectives.

J. Accessing and closing the services:

1. All potential peer parenting cases will be staffed with the peer parent area coordinator.
- b. Peer parenting cannot be accessed simultaneously with homemaker services, family preservation, or a parent advocate.
- c. Peer parenting is not designed to ensure safety of the home.
- d. The social worker will include or add peer parenting to the family's service plan.
- e. Forms 519 and 1057 will be opened.
- f. Peer parenting services will begin with an initial meeting between the peer parent, social worker, and parent to clarify expectations, skills to be addressed, and to formally include peer parenting in the service plan.

- 5041 g. The social worker will close these services at the completion of peer  
5042 parenting.  
5043
- 5044 K. Payment code:
- 5045 1. The payment code of PPO will be used when any related child is in or has  
5046 been in state's custody. (PPI is for in-home cases to be used when the  
5047 parent or guardian maintains custody.)
- 5048 2. When opening peer parenting services, the client will be the parent or  
5049 guardian (not the child). In most cases only one parent may be opened for  
5050 the service.
- 5051 3. Monthly payments at the rate of \$8.75/hour will be made on Form 520  
5052 only upon receipt of complete documentation for total hours billed.  
5053
- 5054 L. Time Requirements and Limitations: Peer parents will engage the parent in  
5055 hands-on, practical parenting opportunities for a minimum of 20 hours per  
5056 month with a maximum of 40 hours per month. Peer parenting is not to exceed  
5057 120 days unless staffed for an exception. Exceptions to this time frame include  
5058 court orders or approval from the Region Director.  
5059

## 310. Levels Of Care

### Types of Foster Care

#### A. Foster Care Level I (CFP):

Foster Care Level I is for a child who may have mild to moderate medical or medically needy, psychological, emotional, or behavioral problems, and who requires parental supervision and care. This includes a child who in the past six months has had three or fewer of the following conditions with no level of severity that falls within either Foster Care Level II or Foster Care Level III.

Assessment for Foster Care Level I will occur within the context of the child and family team by utilizing the Levels of Care Placement Checklist. Categories for the Levels of Care Placement Checklist include:

1. For a child ages 0-11:
  - a. Excessive crying.
  - b. Feeding problems.
  - c. Serious medical problems requiring monitoring no more often than weekly.
  - d. Aggressive, but low risk to injury, occurring no more often than every 1-2 weeks, monthly, or a few times a year.
  - e. Sex abuse victim.
  - f. Social conflict occurring no more often than, several days a week, every 1-2 weeks, or monthly.
  - g. Incontinence/bowel problems occurring no more often than every 1-2 weeks or at bedtime.
  - h. Truancy, school missed for 2-3 months.
  - i. Curfew violation.
  - j. Other mental disorders that are somewhat inhibiting.
2. For a child ages 12+:
  - a. Incontinence/bowel problems occurring no more often than every 1-2 weeks or at bed time.
  - b. Serious medical problems requiring monitoring no more often than weekly.
  - c. Aggressive, but low risk of injury, occurring a few times a year.
  - d. Sex abuse victim.
  - e. Social conflict occurring no more often than several days a week, every 1-2 weeks, or monthly.
  - f. Curfew violation.
  - g. Other mental disorders that are somewhat inhibiting.
3. Age ranges for payment levels for Foster Care Level I (CFP) placements:

- 
- 5100                   a.     Ages 0-11.  
5101                   b.     Ages 12-15.  
5102                   c.     Ages 16+.
- 5103           4.     When a youth is placed in an Independent Living Placement, the youth  
5104                   will receive the Foster Care Level I payment rate for the 16+ age range.  
5105
- 5106   B.     Foster Care Level II (SFP):  
5107           Foster Care Level II is for a child who may be physically disabled,  
5108           developmentally delayed, medically needy or medically fragile, or who has a  
5109           serious emotional disorder (SED). This includes a child who, in the past six  
5110           months, has had four to six conditions listed within Foster Care Level I and any  
5111           condition with a level of severity within Foster Care Level II.  
5112
- 5113           Assessment for Foster Care Level II will occur within the context of the child and  
5114           family team by utilizing the Levels of Care Placement Checklist. Categories for  
5115           the Levels of Care Placement Checklist include:  
5116           1.     For a child ages 0-11:
- 5117                   a.     Developmentally delayed.  
5118                   b.     Failure to thrive.  
5119                   c.     Fetal drug addiction/addicted, fetal alcohol syndrome.  
5120                   d.     Moderate disability.  
5121                   e.     Moderate genetic diseases.  
5122                   f.     Serious medical problems that require daily/hourly monitoring.  
5123                   g.     Shaken baby syndrome.  
5124                   h.     Physical aggression causing superficial injury to self and others,  
5125                   physical aggression occurring several days a week, every 1-2  
5126                   weeks, destruction to items in home, cruelty to animals.  
5127                   i.     Sexually reactive, sex perpetrator.  
5128                   j.     Social conflict daily, withdrawn.  
5129                   k.     Day treatment, special education (ddmr), resource class.  
5130                   l.     Gang member affiliation,.  
5131                   m.     Incontinence/bowel problems occurring as often as daily, or  
5132                   several times a week.  
5133                   n.     Serious medical problems that require hourly/daily monitoring or  
5134                   that are chronic.  
5135                   o.     Learning disability, mild retardation.  
5136                   p.     Substance abuse no more frequently than monthly, a few times a  
5137                   year, or alcohol/marijuana use.  
5138                   q.     Suicidal ideation.  
5139                   r.     Truancy with four or more months missed of school.

- 
- 5140 s. Runaway behavior.  
5141 t. Stealing in the home.  
5142 u. Eating disorders such as bingeing, purging, hording food, or  
5143 overeating.  
5144 v. Other mental disorders that are moderately inhibiting.  
5145 2. For a child ages 12+:  
5146 a. Developmental delays.  
5147 b. Gang member affiliation.  
5148 c. Moderate genetic diseases.  
5149 d. Moderate disability.  
5150 e. Incontinence/bowel problems occurring as often as daily, several  
5151 times a week, or during the daytime.  
5152 f. Serious medical problems that require hourly/daily monitoring or  
5153 that are chronic.  
5154 g. Learning disability, mild retardation.  
5155 h. Physical aggression with superficial injury caused, destruction to  
5156 items, cruelty to animals.  
5157 i. Sex perpetrator, sexually active/promiscuous, teenage pregnancy.  
5158 j. Social conflict daily, withdrawn.  
5159 k. Day treatment, special education (ddmr), resource class.  
5160 l. Substance abuse no more frequently than monthly, a few times a  
5161 year, or alcohol/marijuana use.  
5162 m. Suicidal ideation.  
5163 n. Truancy with two to three months missed of school.  
5164 o. Runaway behavior.  
5165 p. Stealing in the home.  
5166 q. Eating disorders such as bingeing, purging, hording food, or  
5167 overeating.  
5168 r. Other mental disorders that are moderately inhibiting.  
5169 3. Age ranges for payment levels for Foster Care Level II (SFP) placements:  
5170 a. Ages 0-11.  
5171 b. Ages 12-15.  
5172 c. Ages 16+.  
5173  
5174 C. Foster Care Level III (SFS):  
5175 Foster Care Level III is for a child with severe behavioral problems requiring  
5176 intensive treatment services and constant supervision in a family living  
5177 environment by a trained out-of-home care provider.  
5178

A Foster Care Level III placement is a safe, time-limited crisis intervention phase to stabilize the behavior of a child ages 8-18 whose behavior could be improved through the use of the Behavioral Replacement Model.

The Foster Care Level III phase should not exceed 12 months and should be reviewed every six months for progress.

1. A child under the age of eight must be screened by the Residential Screening Committee to determine if a Foster Care Level III placement is the most appropriate for meeting the child's needs. A Region Director or designee's approval is required prior to placing a child under the age of eight in a Foster Care Level III placement.
2. Foster Care Level III is to eventually transition the child into a more permanent family setting such as returning the child home, adoption, custody and guardianship to kin or with current foster parents, or independent living. A child in Foster Care Level III may transition within the same placement to a Foster Care Level III step-down, at which point the team will need to be planning for the next transition to permanency through the above goals.
3. Foster Care Level III includes a child who, in the past six months, has had seven or more of the conditions within Foster Care Level I and Foster Care Level II, with most occurring within Foster Care Level II, or three or more conditions listed below. Assessment for Foster Care Level III will occur within the context of the child and family team by utilizing the Levels of Care Placement Checklist. Categories for the Levels of Care Placement Checklist include:
  - a. For a child ages 0-11:
    - i. Severe disability;
    - ii. Severe genetic disease;
    - iii. Serious medical problem that is life threatening;
    - iv. Moderate or severe retardation;
    - v. High risk of serious injury to self or others, serious injury caused, physically aggressive several days a week;
    - vi. Physical violence;
    - vii. Sexual perpetrator (multiple victims, predatory), prostitution;
    - viii. Substance abuse several days a week, every 1-2 weeks, hard core drugs, inhalation of toxic substance;
    - ix. Suicidal attempts, serious threats;
    - x. Runaway behavior two or more times in the last past six months;



- 
- 5219                    xi.     Two or more disrupted placements in the last past six  
5220                    months;  
5221                    xii.    Transitioning from a residential facility.  
5222                    xiii.   Other mental disorders that are severely inhibiting.  
5223                b.     For a child ages 12+:  
5224                    i.     Physical violence;  
5225                    ii.    Gang member affiliation;  
5226                    iii.   Severe genetic disease;  
5227                    iv.   Severe disability;  
5228                    v.    Serious medical problem that is life threatening;  
5229                    vi.   Moderate retardation or severe retardation;  
5230                    vii.   High risk of serious injury to self or others, serious injury  
5231                    caused, physically aggressive either several days a week or  
5232                    monthly;  
5233                    viii.   Sexual perpetrator (multiple victims, predatory),  
5234                    prostitution;  
5235                    ix.    Substance abuse several days a week, every 1-2 weeks, hard  
5236                    core drugs, inhalation of toxic substance;  
5237                    x.    Truancy with four or more months missed of school;  
5238                    xi.    Suicidal attempts, serious threats;  
5239                    xii.   Runaway behavior two or more times in the last past six  
5240                    months;  
5241                    xiii.   Two or more disrupted placements in the last past six  
5242                    months;  
5243                    xiv.   Transitioning from a residential facility;  
5244                    xv.    Other mental disorders that are severely inhibiting.  
5245                c.     Age ranges for payment levels for Foster Care Level III (SFS)  
5246                    placements:  
5247                    i.    Ages 0-11;  
5248                    ii.   Ages 12-15;  
5249                    iii.   Ages 16+.  
5250                4.     A Foster Care Level III placement will be reviewed every six months as  
5251                    part of a child and family team meeting. During the review, the child's  
5252                    underlying needs, strengths, behaviors, progress towards Behavioral  
5253                    Replacement Program Goals, permanency, long-term view, and barriers  
5254                    will be assessed and documented on the Level of Care Review Form. The  
5255                    review will also assess if the child is ready to move to Foster Care Level III  
5256                    Step-Down.  
5257                    a.    If the child has been in a Foster Care Level III placement for 12  
5258                    months or longer and it is determined by the child and family team

- 
- 5259 that the child is not able to step-down to Foster Care Level III Step-  
5260 Down:
- 5261 i. The child may need to be screened by the Residential  
5262 Screening Committee for a higher level of care;  
5263 ii. The child may be in need of additional supports, wrap-  
5264 around services, or their goals of the Behavioral  
5265 Replacement Model Program may need to be re-defined.
- 5266 b. If after 12 months it is determined that the child would benefit from  
5267 continuation in the current Foster Care Level III placement and is  
5268 not ready to be move to Foster Care Level III Step-Down, the out-  
5269 of-home worker will document this information on the Level of  
5270 Care Review Form and forward this to the Region Director for  
5271 review and approval.
- 5272 4. Prospective Foster Care Level III foster parents must meet the following  
5273 requirements before they can be approved to provide care:
- 5274 a. Six months experience providing care for troubled youth.  
5275 b. One parent available in the home full-time.  
5276 c. If single, the foster parent may not have a job outside of the home.  
5277 d. Twenty hours of Behavioral Replacement Model Training.  
5278 e. Successful demonstration of the corrective teaching strategies  
5279 taught in the Behavioral Replacement Model course.  
5280 f. Completion of an evaluation at the end of a six-month probationary  
5281 period.  
5282 g. Completion of any additional requirements as outlined by the  
5283 Region.
- 5284 5. The Behavioral Replacement Model Motivation System and Privilege  
5285 Ladder includes Orientation, Basic, Progress, Advancement, and Goal  
5286 System.
- 5287 a. Orientation: When a youth is initially placed in Foster Care Level  
5288 III, this phase usually lasts for approximately one to two weeks.  
5289 During this phase, youth are introduced to the Behavioral  
5290 Replacement Model expectations and should not be left in the  
5291 home alone. Both television and radio time is limited. The youth  
5292 may have free time in the foster parent's yard. Bedtime is usually  
5293 around 9:30 p.m., depending on the youth's age and need for sleep.  
5294 Phone calls to and from parents can be allowed; however, check  
5295 with out-of-home worker first. Snacks are allowed during this  
5296 phase as well as unique privileges that each home may offer such  
5297 as Nintendo, horseback rides, going fishing with foster parents, etc.

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they need for a certain activity and express why this amount of time is appropriate. Such activities may include going to prom or a concert. The youth may need to save up free time during the week to spend it on a particular planned activity. Television time can be increased. Radio, snacks, and free time in the foster parent's yard are allowed. Bedtime can be negotiable depending on the youth's age and need for sleep. Phone calls can be negotiable. The youth can also earn an allowance of up to \$5.00 per week as well as unique privileges that the foster home may offer.

6. Skills Development may be used with Foster Care Level III. The code for Foster Care Level III with Skills Development is (SFD).
  - a. Skills Development services means rehabilitative services provided face-to-face to an individual or group of individuals in a residential program, day treatment program, or other appropriate setting. Skills Development services assist individuals to:
    - i. Develop competence in basic living skills such as food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene, and maintenance of living environment; and to assist the individual in complying with their medication regime;
    - ii. Assist individuals to develop social, interpersonal, and communication skills and effective behaviors.
  - b. Skills Development services will be prescribed and recommended on a mental health assessment by a licensed mental health therapist.
  - c. The out-of-home worker will document the recommendation, need, objectives, and goals for Skills Development services in the child and family plan.
  - d. The out-of-home provider is expected to document the date and duration of the Skills Development services and activities provided. A monthly summary will be kept documenting the significant and specific activities in which the child participated during the month as well as progress toward Skills Development treatment goals as a result of the participation. This documentation is to be submitted to the out-of-home worker at the end of each month for review and approval of payment.
  - e. The out-of-home worker reviews the child's Skills Development services with the out-of-home provider during monthly visitation as well as within the child and family team meetings. If Skills Development treatment goals were met during the month, new

individualized Skills Development goals must be developed and added to the child and family plan.

D. Foster Care Level III Step-Down (TFS):

Foster Care Level III Step-Down is for a child who has been in a Foster Care Level III placement and whose behaviors have improved to the Goal System of the Behavior Replacement Model program.

A determination to move from Foster Care Level III to Foster Care Level III Step-Down is made during six-month reviews that take place within the context of the child and family team.

A Foster Care Level III Step-Down placement is a time-limited intervention and maintenance phase. The Foster Care Level III Step-Down phase should not exceed 12 months and shall be reviewed every six months for progress.

1. Foster Care Level III Step-Down is designed for a child to remain in the same foster home placement that they were in for Foster Care Level III. The child's placement does not change as a result of the step-down, only the level of care that is being provided to the child changes.
2. Foster Care Level III Step-Down is to eventually transition the child into a more permanent family setting such as returning the child home, adoption, custody and guardianship to kin or with current foster parents, or independent living.
3. Foster Care Level III Step-Down includes a child who in the past six months has had seven or more of the conditions within Foster Care Level I and Foster Care Level II, with most occurring within Foster Care Level II, or up to two conditions for Foster Care Level III.
4. Age ranges and payment levels for Foster Care Level III Step-Down (TFS) placements:
  - a. Ages 0-11.
  - b. Ages 12-15.
  - c. Ages 16+.
6. The review process of a Foster Care Level III Step-Down placement will be completed every six months as part of a child and family team meeting. During the review the child's underlying needs, strengths, behaviors, progress towards and maintenance of Behavioral Replacement Program Goals, permanency, long-term view, and barriers will be assessed and documented on the Level of Care Review Form. The review process will also determine the appropriateness of the placement and current level of care in meeting the child's needs. A child in a Foster Care Level III Step-

- Down placement could be stepped down into a lower level of care. However, step-down does not necessarily mean placement change. A placement change should only be considered if permanency is not obtainable with the current out-of-home care provider.
- a. If the child has been in a Foster Care Level III Step-Down placement for 12 months or longer:
    - i. The child may need to be stepped back up into Foster Care Level III or screened by the Residential Screening Committee for a higher level of care;
    - ii. The child may be in need of additional supports, wrap-around services, or their goals of the Behavioral Replacement Model Program may need to be re-defined.
  - b. If after 12 months it is determined that the child would benefit from continuation in their current Foster Care Level III Step-Down placement, the out-of-home worker will document this information on the Level of Care Review Form and forward this to the Region Director for review and approval.

E. Children who are Medically Fragile or Medically Needy (MFC):

1. A child who is medically fragile or medically needy and the child's out-of-home caregiver will receive support and services in accordance with their needs.
2. When a child's medical condition requires significant additional effort by the foster parent, a supplemental payment may be warranted, but is not automatically granted. The determination that a supplemental payment is appropriate will be determined within the context of the child and family team based upon the criteria specified below.
3. When determined appropriate, a supplemental payment for either a medically fragile or medically needy child will be made in addition to the foster care payment, but may only be used with Foster Care Levels II, III, and III Step-Down. The MFC service code will be used for the supplemental payment.
  - a. Medically Fragile: A child whose health status meets the criteria for category five of the Health Status Outcome Measures for the Fostering Healthy Children Program meets the definition of medically fragile. A medically fragile child has multiple and/or debilitating condition(s) that requires assistance with activities of daily living, requires daily monitoring, or is at risk for developing an acute condition.

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- b. Medically Needy: A child whose health status meets the criteria for category four of the Health Status Outcome Measures for the Fostering Healthy Children Program meets the definition of medically needy. In a rare instance, a Fostering Healthy Children nurse may recommend that a child whose health status is within category three of the Health Status Outcomes Measures be determined medically needy due to unique factors related to a chronic condition. A medically needy child may have an acute illness or chronic condition that requires regular, ongoing follow-up. This may include substance abuse, pregnancy, and need for administration of daily medications that are not preventative.
  - 4. A child's medically fragile or medically needy status must be verified by a written diagnosis from a physician or by the child's medical records in collaboration with the health care team.
  - 5. For a child who is medically fragile or medically needy, the child and family team will include the out-of-home worker, resource family consultant, Fostering Healthy Children nurse, out-of-home provider, biological parents, and child. The child and family team may also include health care providers such as medical practitioners or rehabilitation therapists. The out-of-home worker is responsible to coordinate child and family team meetings.
  - 6. The child and family team shall review the child's medically fragile or medically needy status at intervals appropriate for the child's needs, but no less frequently than quarterly. The Fostering Healthy Children nurse must be included in a quarterly review and will document continued qualification for the medically fragile or medically needy status in SAFE.
  - 7. A report on the child's health condition should be included on the out-of-home progress summary.
  - 8. The resource family consultant, or other designated staff, will open the provider approval for the MFC code.
  - 9. A purchase service authorization for the MFC code will be open for the child according to office procedures.

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## ADMINISTRATIVE RULES

### **R512. Human Services, Child and Family Services.**

#### **R512-300. Out of Home Services.**

##### **R512-300-1. Purpose and Authority.**

A. The purposes of Out of Home Services are:

1. To provide a temporary, safe living arrangement for a child placed in the custody of the Division or Department by court order or through voluntary placement by the child's parent or legal guardian.

2. To provide services to protect the child and facilitate safe return of the child home or to another permanent living arrangement.

3. To provide safe and proper care and address the child's needs while in agency custody.

B. Sections 62A-4a-105 and 62A-4a-106 authorize the Division to provide out-of-home services and 42 USC Section 472 authorizes federal foster care. 42 USC Section 472 (2000), and 45 CFR Parts 1355 and 1356 (2000) are incorporated by reference.

##### **R512-300-2. Definitions.**

The following terms are defined for the purposes of this rule:

A. Custody by court order means temporary custody or custody authorized by Title 78, Chapter 3a, Part 3, Abuse, Neglect, and Dependency Proceedings or Section 78-3a-118. It does not include protective custody.

B. Division means the Division of Child and Family Services.

C. Department means the Department of Human Services.

D. Least restrictive means most family-like.

E. Placement means living arrangement.

##### **R512-300-3. Scope of Services.**

A. Qualification for Services. Out of home services are provided to:

1. A child placed in the custody of the Division by court order and the child's parent or guardian, if the court orders reunification;

2. A child placed in the custody of the Department by court order for whom the Division is given primary responsibility for case management or for payment for the child's placement, and the child's parent or guardian if reunification is ordered by the court;

3. A child voluntarily placed into the custody of the Division and the child's parent or guardian.

B. Service Description. Out of home services consist of:

1. Protection, placement, supervision and care of the child;

2. Services to a parent or guardian of a child receiving out of home services when a reunification goal is ordered by the court or to facilitate return of a child home upon completion of a voluntary placement.

3. Services to facilitate another permanent living arrangement for a child receiving out of home services if a court determines that reunification with a parent or guardian is not required or in the child's best interests.

C. Availability. Out of home services are available in all geographic regions of the state.

D. Duration of Services. Out of home services continue until a child's custody is terminated by a court or when a voluntary placement agreement expires or is terminated.

#### **R512-300-4. Division Responsibility to a Child Receiving Out of Home Services.**

##### **A. Child and Family Team**

1. With the family's assistance, a child and family team shall be established for each child receiving out of home services.

2. At a minimum, the child and family team shall assist with assessment, child and family plan development, and selection of permanency goals; oversee progress towards completion of the plan; provide input into adaptations to the plan; and recommend placement type or level.

##### **B. Assessment**

1. A written assessment is completed for each child placed in custody of the Division through court order or voluntary placement and for the child's family.

2. The written assessment evaluates the child and family's strengths and underlying needs.

3. The type of assessment is determined by the unique needs of the child and family, such as cultural considerations, special medical or mental health needs, and permanency goals.

4. Assessment is ongoing.

##### **C. Child and Family Plan**

1. Based upon an assessment, each child and family receiving out of home services shall have a written child and family plan in accordance with Section 62A-4a-205.

2. The child's parent or guardian and other members of the child and family team shall assist in creating the plan based on the assessment of the child and family's strengths and needs.

3. In addition to requirements specified in Section 62A-4a-205, the child and family plan shall include the following to facilitate permanency:

a. The current strengths of the child and family as well as the underlying needs to be addressed.

b. A description of the type of placement appropriate for the child's safety, special needs and best interests, in the least restrictive setting available and, when the goal is reunification, in reasonable proximity to the parent. If the child with a goal of reunification has not been placed in reasonable proximity to the parent, the plan shall describe reasons why the placement is in the best interests of the child.

c. Goals and objectives for assuring the child receives safe and proper care including the provision of medical, dental, mental health, educational, or other specialized services and resources.

d. If the child is age 16 or older, a written description of the programs and services to help the child prepare for the transition from foster care to independent living in accordance with Rule R512-305.

e. A visitation plan for the child, parents, and siblings, unless prohibited by court order.

f. Steps for monitoring the placement and plan for worker visitation and supports to the out of home caregiver for a child placed in Utah or out of state.

g. If the goal is adoption or placement in another permanent home, steps to finalize the placement, including child-specific recruitment efforts.

4. The child and family plan is modified when indicated by changing needs, circumstances, progress towards achievement of service goals, or the wishes of the child, family, or child and family team members.

5. A copy of the completed child and family plan shall be provided to the parent or guardian, out of home caregiver, juvenile court, assistant attorney general, guardian ad litem, legal counsel for the parent, and the child, if the child is able to understand the plan.

#### D. Permanency Goals

1. A child in out of home care shall have a primary permanency goal and a concurrent permanency goal identified by the child and family team.

2. Permanency goals include:

a. Return home

b. Adoption

c. Custody and Guardianship

d. Independent Living

e. Individualized Permanency

3. For a child whose custody is court ordered, both primary and concurrent permanency goals shall be submitted to the court for approval.

4. The primary permanency goal shall be return home unless the court has ordered that no reunification efforts be offered.

5. A determination that independent living services are appropriate for a child does not preclude adoption as a primary permanency goal. Enrollment in independent

living services can occur concurrently with continued efforts to locate and achieve placement of an older child with an adoptive family.

E. Placement

1. A child receiving out of home services shall receive safe and proper care in an appropriate placement according to placement selection criteria specified in Rule R512-302.

2. The type of placement, either initial or change in placement, is determined within the context of the child and family team utilizing a need level screening tool designated by the Division.

3. Placement decisions are based upon the child's needs, strengths and best interests.

4. The following factors are considered in determining placement:

- a. Age, special needs, and circumstances of the child;
- b. Least restrictive placement consistent with the child's needs;
- c. Placement of siblings together;
- d. Proximity to the child's home and school;
- e. Sensitivity to cultural heritage and needs of a minority child;
- f. Potential for adoption.

5. A child's placement shall not be denied or delayed on the basis of race, color, or national origin of the out of home caregiver or the child involved.

6. Placement of an Indian child shall be in compliance with the Indian Child Welfare Act, 25 USC Section 1915, which is incorporated by reference.

7. When a young woman in Division custody is mother of a child, and desires and is able to parent the child with the support of the out of home caregiver, the child shall remain in the out of home placement with the mother. The Division shall only petition for custody of the young woman's child if there are concerns of abuse, neglect, or dependency in accordance with Title 78, Chapter 3a, Part 3, Abuse, Neglect, and Dependency Proceedings.

8. The child and family team may recommend an independent living placement for a child age 16 year or older in accordance with Rule R512-305 when in the child's best interests.

G. Federal Benefits

1. The Division may apply for eligibility for Title IV-E foster care and Medicaid benefits for a child receiving out of home services. Information provided by the parent or guardian, as specified in Rule R512-301, shall be utilized in determining eligibility.

2. The Division may apply to be protective payee for a child in custody who has a source of unearned income, such as Supplemental Security Income or Social Security income. A trust account shall be maintained by the Division for management of the child's income. The unearned income shall be utilized only towards costs of the child's care and personal needs in accordance with requirements of the regulating agency.

H. Visitation with Familial Connections

1. The child has a right to purposeful and frequent visitation with a parent or guardian and siblings, unless the court orders otherwise.

2. Visitation is not a privilege to be earned or denied based on behavior of the child or the parent or guardian.

3. Visitation may be supplemented with telephone calls and written correspondence.

4. The child also has a right to communicate with extended family members, the child's attorney, physician, clergy, and others who are important to the child.

5. Intensive efforts shall be made to engage a parent or guardian in continuing contacts with a child, when not prohibited by court order.

6. If clinically contraindicated for the child's safety or best interests, the Division may petition the court to deny or limit visitation with specific individuals.

7. Visitation and other forms of communication with familial connections shall only be denied when ordered by the court.

8. A parent whose parental rights have been terminated does not have a right to visitation.

I. Out of Home Worker Visitation with the Child

1. The out of home worker shall visit with the child to ensure that the child is safe and is appropriately cared for while in an out of home placement. If the child is placed out of the area or out of state, arrangements may be made for another worker to perform some of the visits. The child and family team shall develop a specific plan for the worker's contacts with the child based upon the needs of the child.

J. Case Reviews

1. Pursuant to Sections 78-3a-311.5, 73-3a-312, and 78-31-313, periodic reviews of court ordered out of home services shall be held no less frequently than once every six months.

2. The Division shall seek to ensure that each child receiving out of home services has timely and effective case reviews and that the case review process:

a. Expedites permanency for a child receiving out of home services,  
b. Assures that the permanency goals, child and family plan, and services are appropriate,

c. Promotes accountability of the parties involved in the child and family planning process, and

d. Monitors the care for a child receiving out of home services.

**KEY: social services, child welfare, domestic violence, child abuse\***  
**62A-4a-105**

**R512. Human Services, Child and Family Services.**

**R512-301. Out of Home Services, Responsibilities Pertaining to a Parent or Guardian**

**R512-301-1. Purpose and Authority.**

A. The purposes of this rule are to clarify:

1. Roles and responsibilities of the Division to a parent or guardian of a child receiving out of home services in accordance with R512-300, and

2. Roles and responsibilities of a parent or guardian while a child is receiving out of home services.

B. Sections 62A-4a-105 and 62A-4a-106 authorize the Division to provide out-of-home services and 42 USC Section 472 authorizes federal foster care. 42 USC Section 472 (2000), and 45 CFR Parts 1355 and 1356 (2000) are incorporated by reference.

**R512-301-2. Definitions.**

The following terms are defined for the purposes of this rule:

A. Division means the Division of Child and Family Services.

B. Out of Home Services means those services defined in Rule R512-300.

C. Reunification means safely returning the child to the parent or guardian from whom the child was removed by court order or through a voluntary placement.

**R512-301-3. Division Roles and Responsibilities to a Parent or Guardian of a Child Receiving Out of Home Services when Reunification is the Primary Permanency Goal.**

A. The Division is responsible to make reasonable efforts to reunify a child with a parent or guardian when a court has determined that reunification is appropriate in accordance with Section 62A-4a-203 or when a child has been placed with the Division through a voluntary placement.

B. The Division shall actively seek the involvement of the parent or guardian in the Child and Family Team process, including participation in establishing the Child and Family Team, completing an assessment, developing the Child and Family Plan, and selecting the child's primary and concurrent permanency goals as described in Section R512-300-4.

C. The Child and Family Plan shall not only address child's strengths and needs, but shall also address the family's strengths and underlying needs. In accordance with Section 62A-4a-205, the plan shall identify specifically what the parents must do in order for the child to be returned home, including how those requirements may be accomplished behaviorally and how they shall be measured. Provisions of the plan shall be crafted by the Child and Family Team and designed to maintain and enhance parental functioning, care and familial connections.

D. In accordance with Section 62A-4a-205, additional weight and attention shall be given to the input of the child's parent in plan development.

E. The parent or guardian and the parent or guardian's legal counsel shall be provided a copy of the completed Child and Family Plan.

F. The worker shall have regular contact with the parent or guardian to facilitate progress towards goal achievement as determined by the needs of the parent and the recommendations of the Child and Family Team. At a minimum, the worker shall visit the parent or guardian at least once per month.

G. The Division shall make efforts to engage a parent or guardian in continuing contacts with the child, whether through visitation, phone, or written correspondence. Visitation requirements specified in Section R512-300-4 apply.

H. The Division shall also make efforts to engage a parent or guardian in appropriate parenting tasks such as attending school meetings and health care visits.

I. The parent or guardian has a right to reasonable notice and may participate in court and administrative reviews for the child in accordance with 42 USC Section 475(6) and Section 78-3a-314.

**R512-301-4. Roles and Responsibilities of a Parent or Guardian of a Child Receiving Out of Home Services when Reunification is the Primary Permanency Goal.**

In addition to responsibility to comply with orders made by the court, a parent or guardian has responsibility to:

A. Participate in the Child and Family Team process.

B. Provide input into the assessment and Child and Family Plan development process to help identify changes in behavior and actions necessary to enable the child to safely return home.

C. Complete goals and objectives of the plan.

D. Communicate with the worker about progress in completing the plan or regarding problems in meeting specified goals or objectives in advance of proposed completion time frames.

E. Maintain communication and frequent visitation with the child in accordance with Section R512-300-4, when not prohibited by the court.

F. Provide information necessary to determine the child's eligibility for Federal benefits while in care in accordance with Section R512-300-4, including information on household income, assets, and household composition.

G. Provide financial support for the child's care in accordance with 42 USC Subsection 471(a)(19) and Sections 62A-4a-114 and 78-3a-906, unless deferred or waived as specified in R495-879.

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**R512-301-5. Guidelines for Making Recommendations for Reunification to the Court.**

A. In accordance with Section 62A-4a-205, when considering reunification, the child's health, safety, and welfare shall be the paramount concern.

B. The Child and Family Team shall consider the following factors in determining whether to recommend that the court order reunification:

1. The risk factors that led to the placement were acute rather than chronic.
2. The family assessments (including factors such as the initial risk assessment, level of informal and formal supports available to the family, and family history, including past patterns of behavior) conclude that the parent appears to possess or have the potential to develop the ability to ensure the child's safety and provide a nurturing environment.
3. The parent is committed to the child and indicates a desire to have the child returned home.
4. The child has a desire for reunification as determined using age appropriate assessments.
5. Members of the Child and Family Team support a reunification plan.
6. If the parent is no longer living with the individual who severely abused the minor, reunification may be considered if the parent is able to implement a plan that ensures the child's on-going safety.
7. Existence of factors or exceptions that preclude reunification as specified in Section 78-3a-311.

C. The Division shall provide additional relevant facts, when available, to assist the court in making a determination regarding the appropriateness of reunification services such as:

1. the parent's failure to respond to previous services or service plan;
2. the child being abused while the parent was under the influence of drugs or alcohol;
3. continuation of a chaotic, dysfunctional lifestyle;
4. the parent's past history of violent behavior;
5. the testimony of a properly qualified professional or expert witness that the parent's behavior is unlikely to be successfully changed.

**R512-301-6. Return Home and Trial Home Placement.**

A. When a child and family's safety needs have been met and the original reasons and risks have been reduced or eliminated, the child may return home, when allowable by court order or in conjunction with provisions of a voluntary placement.

B. The Child and Family Team shall plan for the transition and return home prior to the child being returned.

C. The Division shall provide reasonable notice (unless otherwise ordered by the court) of the date child will be returning home to all pertinent parties such as child,



parents, guardian ad litem, foster care provider, school staff, therapist, and partner agencies, so all parties can be adequately prepared for the return home.

D. Prior to and when the child is returned home, the Division shall provide services directed at assisting the child and family with the transition back into the home and contact relevant parties to that no further abuse or neglect is occurring.

E. If it is determined that the child and family require more intensive services to ensure successful reunification, intensive family reunification services may be utilized in accordance with Rule R512-100.

F. A child may be returned home for a trial home visit for up to 60 days. The trial home visit shall continue until the court has terminated agency custody.

#### **R512-301-7. Voluntary Relinquishment of Parental Rights.**

A. When it is not in a child's best interest to be reunified with the child's parents, the Division may explore with both parents the option of voluntary relinquishment in accordance with Section 78-3a-414.

B. If the child is Indian, provisions of the Indian Welfare Act, 25 USC Section 1915, incorporated by reference, shall be met.

#### **R512-301-8. Termination of Parental Rights.**

A. If a court determines that reunification services are not appropriate, the Division shall petition for termination of parental rights in accordance with 42 USC Section 475 (5)(E), 42 CFR 1356.21(i), and Section 62A-4a-203.5 unless exceptions specified in 42 CFR 1356.21(i)(2) or Subsection 62A-203.5(3) apply.

B. The Division shall document in the Child and Family Plan care by kin or a compelling reasons for determining that filing for termination of parental rights is not in the child's best interests and shall make the plan available to the court for review.

C. When the Division files a petition to terminate parental rights, the worker must also concurrently begin to identify, recruit, process, and seek approval of a qualified adoptive family for the child. These efforts must be documented in the Child and Family Plan as specified in Section R512-300-4.

D. If the child is Indian, provisions of the Indian Welfare Act, 25 USC Section 1915, incorporated by reference, shall be met.

E. The Division shall not give approval to finalize an adoption until the period to appeal a termination of parental rights has expired.

### **R512. Human Services, Child and Family Services.**

#### **R512-302. Out of Home Services, Responsibilities Pertaining to an Out of Home Caregiver.**

##### **R512-302-1. Purpose and Authority.**

A. The purposes of this rule are to clarify:

1. Qualification, selection, payment criteria, and roles and responsibilities of a caregiver while a child is receiving out of home services, and

2. Roles and responsibilities of the Division to a caregiver for a child receiving out of home services in accordance with R512-300.

B. Sections 62A-4a-105 and 62A-4a-106 authorize the Division to provide out-of-home services and 42 USC Section 472 authorizes federal foster care. 42 USC Section 472 (2000), and 45 CFR Parts 1355 and 1356 (2000) are incorporated by reference.

**R512-302-2. Definitions.**

In addition to definitions in Section R512-300-2, the following terms are defined for the purposes of this rule:

A. Caregiver means a licensed resource family, also known as a licensed foster family, and may also include a licensed kin provider. Caregiver does not include a group home or residential facility that provides out of home services under contract with the Division.

B. Cohabiting means residing with another person and being involved in a sexual relationship.

C. Involved in a sexual relationship means any sexual activity and conduct between persons.

D. Out of Home Services means those services described in Rule R512-300.

E. Residing means living in the same household on an uninterrupted or an intermittent basis.

**R512-302-3. Qualifying as a Caregiver for a Child Receiving Out of Home Services.**

A. An individual or couple shall be licensed by the Office of Licensing as provided in Rule R501-12 to qualify as a caregiver for a child receiving out of home services. After initial licensure, the caregiver shall take all steps necessary for timely licensure renewal to ensure that the license does not lapse.

B. The Division or contract provider shall provide pre-service training required in Section R501-12-5 after the provider has held an initial consultation with the individual or couple to clearly delineate duties of caregivers.

C. The curriculum for pre-service and in-service training shall be developed by the contract provider and approved by the Division according to the Division's contract with the provider.

D. The Division or contract provider shall verify in writing a caregiver's completion of training required for licensure as provided in Section R501-12-5.

E. The Division or contract provider shall also verify in writing a caregiver's completion of supplemental training required for serving children with more difficult needs.

F. Once a license is issued, the caregiver's name and identifying information may be shared with the court, assistant attorney general, guardian ad litem, foster parent training contract provider, resource family cluster group, foster parent associations, the Department of Health, the Foster Care Citizen Review Board, and the child's primary health care providers.

**R512-302-4. Selection of a Caregiver for a Child Receiving Out of Home Services.**

A. A caregiver shall have the experience, personal characteristics, temperament, and training necessary to work with a child and the child's family to be approved and selected to provide out of home services.

B. An out-of-home caregiver shall be selected according to the caregiver's skills and abilities to meet a child's individual needs and, when appropriate, an ability to support both parents in reunification efforts and to consider serving as a permanent home for the child if reunification is not achieved. When dictated by a child's level of care needs, the Division may require one parent to be available in the home at all times.

C. A child in agency custody shall be placed with an out of home caregiver who is fully licensed as provided in Rule R501-12. A child may be placed in a home that is conditionally licensed only if the out of home caregiver is a kinship placement.

D. An out of home caregiver shall be given necessary information to make an informed decision about accepting responsibility to care for a child. The worker shall obtain all available necessary information about the child's permanency plan, family visitation plans, and needs such as medical, educational, mental health, social, behavioral, and emotional needs, for consideration by the caregiver.

E. If the court has not given custody to a non-custodial parent or kin provider, to provide safety and maintain family ties, the child shall be placed in the least restrictive placement that meets the child's special needs and is in the child's best interests, according to the following priorities:

1. With siblings.
2. In the home of licensed kin.
3. With a licensed caregiver, group, or residential provider within reasonable proximity to the child's family and community, if the goal is reunification.
4. With a licensed caregiver, group, or residential provider not in reasonable proximity to the child's family and community.

F. If a child is reentering custody of the Division, the child's former out of home caregiver shall be given preference as provided in Section 62A-4a-206.1.

G. A child's placement shall not be denied or delayed on the basis of race, color, or national origin of the out of home caregiver or the child involved.

H. Selection of a out of home caregiver for an Indian child shall be made in compliance with the Indian Child Welfare Act, 25 USC Section 1915, which is incorporated by reference.

**R512-302-5. Division Roles and Responsibilities to a Caregiver for a Child Receiving Out of Home Services.**

A. The Division shall actively seek the involvement of the caregiver in the child and family team process, including participation in the child and family team, completing an assessment, and developing the child and family plan as described in Section R512-300-4.

B. The child and family plan shall include steps for monitoring the placement and a plan for worker visitation and supports to the out of home caregiver for a child placed in Utah or out of state.

C. In accordance with Section 62A-4a-205, additional weight and attention shall be given to the input of the child's caregiver in plan development.

D. The caregiver shall be provided a copy of the completed child and family plan.

E. The caregiver has a right to reasonable notice and may participate in court and administrative reviews for the child in accordance with 42 USC Section 475(5) and Sections 78-3a-309 and 78-3a-314.

F. The Division shall provide support to the caregiver to ensure that the child's needs are met, and to prevent unnecessary placement disruption.

G. Options for temporary relief may include paid respite, non-paid respite, childcare, and babysitting.

H. The worker shall provide the caregiver with a portable, permanent record that provides available educational, social, and medical history information for the child and that preserves vital information about the child's life events and activities while receiving out of home services.

**R512-302-6. Roles and Responsibilities of a Caregiver of a Child Receiving Out of Home Services.**

A. An out of home caregiver shall be responsible to provide daily care, supervision, protection and experiences that enhance the child's development as provided in a written agreement entered into with the Division and the child and family plan.

B. The caregiver shall be responsible to:

1. Participate in the child and family team process.

2. Provide input into the assessment and child and family plan development process.

3. Complete goals and objectives of the plan relevant to the caregiver.

4. Promptly communicate with the worker the child's progress and concerns and progress in completing the plan or regarding problems in meeting specified goals or objectives in advance of proposed completion time frames.

5. Support and assist with parental visitation

C. The caregiver shall document individualized services provided for the child, when required, such as skills development or transportation.

D. The caregiver shall maintain and update the child's portable, permanent record to preserve vital information about the child's life events, activities, health, social, and educational history while receiving out of home services. The caregiver shall share relevant health and educational information during visits with appropriate health care and educational providers to ensure continuity of care for the child.

**R512-302-7. Payment Criteria for a Caregiver of a Child Receiving Out of Home Services.**

A. An out of home caregiver shall receive payments according to the rate established for the child's need level, not upon the highest level of service the caregiver has been trained to provide.

B. The daily rate for the monthly foster care maintenance payment provides for the child's board and room, care and supervision, basic clothing and personal incidentals, and may also include a supplemental daily payment based upon a child's medical need or to assist with care of a youth's child while residing with the youth in an out of home placement. Foster care maintenance may also include periodic one-time payments for special needs such as an initial clothing allowance, additional needs for a baby, additional clothing, gifts, lessons or equipment, recreation, non-tuition school expenses, and other needs recommended by the child and family team and approved by the Division.

C. A caregiver may also be reimbursed for transporting a foster child for visitation with a parent or siblings, to participate in case activities such as child and family team meetings and reviews, and for transporting the child to activities beyond those normally required for a family. The caregiver must document all mileage on a form provided by the Division.

D. The caregiver shall submit required documentation to receive payments for care or reimbursement for costs.

**R512-302-8. Child Abuse Reporting and Investigation of a Caregiver Providing Out of Home Services.**

A. Investigation of any report or allegation of abuse or neglect of a child that allegedly occurs while the child is living with an out of home caregiver shall be investigated by a contract agency or law enforcement as provided in Section 62A-4a-202.5.

**R512-302-9. Removal of a Child from a Caregiver Providing Out of Home Services.**

A. Removal of a child from a caregiver shall occur as provided in Section 62A-4a-206 and Rule R512-31.

**R512-302-10 Cohabitation Not Permitted for Foster Parents**

A. foster parent or foster parents must complete a declaration of compliance with Section 78-30-9(3)(a and b) that they are not cohabiting with another person in a sexual relationship. Beginning May 1, 2000, the division gives priority for foster care placements to families in which both a man and a woman are legally married or valid proof that a court or administrative order has established a valid common law marriage, Section 30-1-4.5. An individual who is not cohabiting may also be a foster parent if the Region Director determines it is in the best interest of the child. Legally married couples and individuals who are not cohabiting and are blood relatives of the child in the divisions' custody may be foster parents pursuant to Section 78-3a-307(5).

**R512. Human Services, Child and Family Services.**

**R512-305. Out of Home Services, Independent Living Services.**

**R512-305-1. Purpose and Authority.**

A. The purpose of independent living services is to help prepare a youth who is receiving out of home services in accordance with R512-300 to transition to self-sufficiency in adulthood.

B. Independent living services are authorized by the John H. Chafee Foster Care Independence Program, 42 USC 677 (1999), incorporated by reference.

**R512-305-2. Scope of Services.**

A. Qualification for and Duration of Services. Independent living services are offered to all youth age 14 or older who are receiving out of home services, regardless of permanency goal as specified in R512-300-4.D, or who formerly received out of home services. Services are:

1. Optional for a youth receiving out of home services who is age 14 or 15, when the Child and Family Team determines that services are appropriate;
2. Required for a youth receiving out of home services who is age 16 or older until agency custody is terminated;
3. Optional for a youth who attained age 18 while in agency custody, but who is no longer in agency custody, and may continue until the last day of the month in which the youth attains age 21, in accordance with R512-305-5.

B. Service Description. Independent living services consist of a variety of personalized strategies and resources that assist a youth to prepare for adult living, such as strength and needs assessment, planning, educational and employment

guidance, basic skills training, personal and emotional support, and independent living placement.

C. Availability. Independent living services are available in all geographic regions of the state.

**R512-305-3. Independent Living Services for a Youth in Agency Custody.**

A. The Child and Family Team determines the independent living plan, with a youth age 16 or older taking the lead and setting goals.

B. The caseworker, with the assistance of the youth and Child and Family Team, completes an assessment to identify the strengths and needs of the youth.

C. Based upon the assessment, a plan is developed that identifies the youth's strengths and specific services and needs.

D. The plan includes a continuum of training and services to be completed by the youth in such settings as the foster home, with a therapist, at school, or through other community-based resources and programs.

E. Basic Living Skills training shall be offered to each youth who attains age 16. The training shall include human hygiene and sexuality and a basic knowledge of community resources. Other topics included in basic living skills training may include:

1. Communication, socialization and relationships
2. Job seeking information, assistance and maintenance skills
3. Money management
4. Housing
5. Food preparation and planning
6. Legal rights and responsibilities
7. Health care and counseling
8. Substance abuse
9. Decision making
10. Educational planning
11. Housekeeping
12. Transportation

F. Each youth who completes basic living skills training is entitled to receive a completion payment.

**R512-305-4. Independent Living Placement for a Youth in Agency Custody.**

A. An independent living placement may be used as an out-of-home care placement.

B. A youth must be at least 16 years of age to be in an independent living placement.

C. The Child and Family Team is responsible to determine if a recommendation for an independent living placement for a youth is appropriate.

D. The regional director or designee is authorized to approve an independent living placement.

E. The worker and youth shall complete a contract outlining responsibilities and expectations while in the placement.

F. The worker shall visit with and monitor progress of the youth at an interval determined by the Child and Family Team, but no less frequently than once per month.

G. The youth may receive an independent living stipend while in the independent living placement.

H. If the independent living placement is not successful, the Child and Family Team shall meet to determine, with the youth, a more appropriate living arrangement in accordance with R512-305-4.E.

**R512-305-5. Division Responsibility to a Youth Leaving Out of Home Services at Age 18 or Older**

A. A youth who attained age 18 while in state custody, but who is no longer in state custody, may request independent living services from the Division until the last day of the month in which the youth attains age 21.

B. A youth may access services by contacting a Division office and being referred to a regional independent living coordinator.

C. If services will stabilize the youth's living situation and no other reasonable alternative exists to meet the needs, independent living services will be provided.

D. Services may include additional basic life skills training, information and referral, mentoring, computer access including word processing, employment and educational counseling, information and referral, follow-up support, and assistance with costs of room and board, subject to the limits of available Division funding designated for this purpose.

E. Room and board includes rent, utilities, food, clothing, transportation costs, personal care items and other expenses related to daily living. Room and board does not include medical care, dental care, mental health care, tuition payments, or the purchase of automobiles.

F. The amount that a youth may receive for room and board is \$500 per month, with a maximum of \$2,000 per year.

G. Independent living services are available on the same basis to Indian youth who were formerly in tribal custody within the boundaries of the State, and whose tribal custody was terminated at age 18 or older, as they are for youth who received out of home services from the Division until age 18 or older.